



REPORT
ON THE
Public Health Administration
of Burma
FOR THE YEAR 1932



Rangoon

Supdt., Govt. Printing and Stationery, Burma
1933

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RESOLUTION

ON THE

Report on the Public Health Administration of Burma

For the year 1932.

Extract from the Proceedings of the Government of Burma, Public Health Department,—No. 244S.X.33, dated the 19th September 1933.

READ—

The Report on the Public Health Administration of Burma for the year 1932.

RESOLVED THAT—

The Report be published.

By order,

H. G. WILKIE,
*Secretary to the Government of Burma,
Education Department.*

2. Economic Conditions.—The Commissioner of Settlements and Land Records has described the condition of the agricultural population during 1932 as follows :—

“The year was once again one of depression for the agriculturists of Burma. Although there was a slight improvement in prices the season was generally a poor one throughout the Province and particularly in most of the dry zone districts, relief works being opened in Myingyan, Yamèthin, Meiktila, Kyauksè and Magwe to alleviate distress consequent on a failure of the middle rains and the wholesale failure of early sesamum and cotton.

In Lower Burma the absence of rain at the end of the season reduced the yield of paddy below normal.”

3. Cost of Rice.—This is the main article of diet in Burma. The average cost of a basket weighing 75 lbs. was Rs. 2-10-0 compared with Rs. 2-9-0 in 1931 and Rs. 4-0-0 in 1930. The average cost rose to Rs. 2-14-0 in March and gradually came down to Rs. 2-6-0 in the months of November and December. The highest average price of Rs. 3-12-0 obtained in Kyaukpyu district and the lowest of Rs. 2-1-0 in Shwebo district. An increase in price was noticed in 20 districts.

No apparent connection seems to exist between the cost of rice and the death rate.

CHAPTER II.

Vital Statistics (including Population and Emigration and Immigration).

4. Area and Population.—The total area under regular registration was 116,848 square miles. The population of that area, as computed at the 1931 census, was 12,102,290, comprised of 10,693,249 inhabitants in rural areas and 1,409,041 inhabitants in urban areas.

The returns of some of the backward districts, where registration is not sufficiently accurate to be included in the main statements, including those in which a primitive system of registration by tally sticks was introduced in 1922 are shown in Statement II(a). These returns relate to a population of 2,554,716 and an area of 114,737 square miles. A map of Burma showing these backward areas is appended.

5. Immigrants and Emigrants.—

Year	Immigrants.	Emigrants.
1931	309,426	367,121
1932	300,368	288,494
	- 9,058	- 78,627

In previous annual reports the figures for immigrants and emigrants by sea, given in this paragraph, lacked accuracy owing to the inclusion of a certain number of passengers who travelled from one port to another port in Burma. This year an attempt has been made to exclude the figures for such persons, and an accurate comparison with immigrant and emigrant figures for previous years is, therefore, not possible. The figures given for the year under review are of course nearer the truth and show an excess of immigrants over emigrants of 11,874. As usual the vast majority of immigrants, *viz.*, 255,666, entered the Province through Rangoon, and of the 238,328 emigrants from that port 224,098 were bound for Indian ports. All the other ports except Rangoon recorded an excess of emigrants over immigrants.

6. Provincial Birth and Death Rates based on an estimated population.—In previous annual reports, the birth and death rates have always been calculated on the population of the previous census. It has been recognised that there is an increasing error in such rates during the decade between one census and another, and in many places in the annual report for 1931 a big decrease in a birth or death rate had to be ascribed to the increased population returned in the 1931 census, on which increased figure the rates for 1931 were calculated.

An estimate has, therefore, been made of the population of Burma at mid-year in 1932. The estimate was arrived at by the "natural increase method" whereby the excess of births over deaths and the excess of immigrants over emigrants are added to the 1931 census population. The table below gives a comparison between the rates calculated on the 1931 census population and on the estimated population :—

Year.	Mid-year population for which vital statistics were recorded.	Number of births.	Birth rate per mille based on the estimated population.	Birth rate per mille based on the 1931 census population.	Number of deaths.	Death rate per mille based on the estimated population.	Death rate per mille based on the 1931 census population.	Difference in birth rates. (5) — (4).	Difference in death rates. (8) — (7).	Statements I and II.
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	
1931	12,127,788 (4 months' increase).	321,054	26·47	26·53	210,109	17·32	17·36	0·06	0·04	
1932	12,210,495 (16 months' increase).	335,886	27·51	27·75	209,420	17·15	17·30	0·24	0·15	

It will be seen that the divergence is at present very little, but it will be interesting to watch the extent to which this divergence increases as we get further away from 1931.

7. Statistics within Railway Limits.—During the year, 265 births and 116 deaths were registered in a railway population of 14,475 living outside municipal and notified areas, the rates being 18·31 and 8·01 respectively, compared with 15·48 and 7·87 the corresponding rates in the previous year. The highest death rate (21·16) was recorded in Katha district and the lowest (2·49) in Bassein district. Yamèthin district which had the largest railway population of 1,771 recorded a birth rate of 12·99 and a death rate of 4·52.

8. Inspection of Birth and Death Registers.—Births and deaths registration was in force in 32,478 villages and towns. Inspection of the records by the Public Health staff was carried out in 12,008 of these compared with 11,705 in 1931. The number of entries verified amounted to 442,951 compared with 437,577 in 1931. District officers visited 6,256 villages and towns and verified 83,685 entries, the figures for the previous year being 5,875 and 81,324 respectively. The districts from which the largest amount of verification of vital statistics has been reported were Pakôkku (29,482), Shwebo (26,921), Lower Chindwin (21,256), Akyab (18,927), Prome (18,069), Myaungmya (17,936), Sagaing (17,022) and Yamèthin (16,745). No verification was done in the Salween district and very few entries were verified in the districts of Myitkyina (280), Bhamo (742), Sandoway (1,838), Maubin (2,557), Thayetmyo (3,446), Amherst (4,331), Mandalay (4,711) and Meiktila (5,155).

The thoroughness with which verification of entries is done leaves much to be desired. For instance, it is unbelievable that, as reported, in Sagaing district where 17,022 entries were verified not a single omission was detected by the Public Health staff. In Shwebo, Akyab and Pegu districts although more than 15,000 entries are stated to have been verified in each district, the number of omissions detected is very small, which leads to the inference that the work of verification has been done in a haphazard manner in those places. A truer picture is probably given in the Amherst returns. In that district, out of 4,331 entries verified, the Public Health staff have been able to detect 491 omissions. Besides Amherst, other districts where a large number of omissions have been detected are Yamèthin, Myingyan, Pyapôn, Maubin, Myaungmya and Prome.

The Deputy Commissioner, Myaungmya, has specially instructed his township officers to keep a special register of the birth and death foils received, and thus to keep themselves informed regarding those headmen or police stations who have been dilatory in sending in the counterfoils.

There has been much trouble in the past in getting correct returns from this district and the results of the Deputy Commissioner's measures are being watched.

There were 4,465 prosecutions of parents or guardians for neglecting to report births and deaths compared with 7,897 prosecutions in 1931. Fines ranging from four annas to ten rupees were imposed in 3,519 cases. The number of headmen against whom proceedings were instituted for neglect of registration duties was 141 of whom 1 was dismissed, 1 removed, 21 were fined from Rs. 3 to Rs. 20, 87 warned and 31 reprimanded.

On the other hand rewards have been given for good work in registration of vital statistics in the Bassein and Pyapôn districts.

9. Registration of Vital Statistics in backward tracts.—Registration by means of tallies, that is by coloured sticks or by notched bamboo splits, was in force in the Arakan Hill Tracts, Chin Hills and in some parts of the Shan States during the year. In the Arakan Hill Tracts the number of births recorded has decreased from 659 last year to 576 this year but the number of deaths has increased from 547 to 642 during the same period. The difference in the figures is most probably due to inaccuracies in the reports of the headmen and ten-house gaungs. The District Health Officer remarks "This system of collecting vital statistics is not very satisfactory, nor is there any hope of changing these conditions under the present circumstances." In the Chin Hills a birth rate of 25·69 and a death rate of 22·31 have been recorded, and the figures are sufficiently high to indicate that in that area the headmen have become familiar with the system and that it is working reasonably well.

Statement II
(a).

The figures from the Salween, Bhamo, Myitkyina and Upper Chindwin districts which, owing to illiterate headmen and undeveloped communications, are not considered sufficiently accurate to be included in the main statements, together with the returns of the districts where the tally system is in force, are published in Statement II (a).

10. Provincial Birth, Death and Infant Mortality Rates.

Statements
II, III, IV, IV
(a), V, VIA,
VIB and VIB
(a), and
Chart I.

1932	Rural.	Urban.	Provincial.
Birth rate ...	27·30	31·20	27·75
Death rate ...	15·78	28·85	17·30
Infant mortality rate ...	171·37	271·72	184·50

Chart I showing the birth, death and infant mortality rates for the last 60 years is appended to the report. It will be seen that all the

three graphs show a progressive increase up to about 1910 and since then the rates have been decreasing. It is really very difficult to interpret the story told by these graphs. Undoubtedly a large part of the rise in the beginning of the graphs is to be ascribed to improved registration; in recent years the absence of severe epidemics has had its effect but registration in rural areas is said to have decreased in efficiency.

BIRTH RATE (27·75).—There has been a steady increase in the annual number of births registered in the Province for the last five years. This year's rate shows an increase of 1·22 compared with last year and 1·20 compared with the five-year mean.

With the exception of Kyaukpyu, Kyauksè and Myingyan, all the other districts record an excess of male over female births. The number of male births per hundred female births in the Province has been 104.

The birth rates among the chief communities in Burma are given in the marginal table. The enormous preponderance of males in the Hindu community, due to the immigrant labourers who come into Burma from Madras and Bengal to spend a couple of years and then return to their homes, accounts for the low birth rate among that class.

DEATH RATE (17·30).—The death rate shows an improvement of 0·06 below last year and 2·85 below the five-year mean. There was a sharp rise in the incidence of and mortality due to smallpox and a slight increase under cholera and fever. All the other disease groups account for less deaths and the year should on the whole be considered as fairly healthy for Burma. As in the previous year the highest death rate was recorded in the month of December, and the lowest in the month of May. The number of deaths of males per hundred female deaths was 110.

Statement V.	<i>Name of community.</i>	<i>Death rate.</i>	The death rates among the chief communities in Burma are given in the marginal table.
	Burmese or Buddhists	17·55	
	Mohamedans ...	16·88	
	Hindus ...	16·12	
	Christians ...	11·79	

The VITAL INDEX of the Province $\frac{(\text{births} \times 100)}{\text{deaths}}$ is 160·39 compared with 132·80 the average for the last ten years.

INFANT MORTALITY RATE (184·50).—The rate shows a drop of 6·36 when compared with last year and is the lowest for the past 8 years. Infant deaths form 29·59 per cent. of the total deaths. Of the infant deaths, 14·64 per cent. occurred within one week of birth, 12·80 per cent. over one week and not exceeding one month, 53·93 per cent. over one month and not exceeding six months and 18·63

per cent. over six months and not exceeding one year. For every 100 female infant deaths, there have been 119 male infant deaths.

11. Birth Rate (Rural) (27·30).—The rural birth rate shows an increase of 1·19 when compared with last year and 1·20 when compared with the five-year mean. Our most accurate rural statistics come from Hlegu township which is administered for public health purposes by the Rural Health Unit. The Hlegu birth rate, which may be taken as a standard for the rural areas in Burma is 34·30. A birth rate lower than the provincial rate was recorded in 11 districts in Lower Burma, but this is to be expected considering the large number of Indian celibate labourers who inhabit the lower part of the Province. Statement VI
A.

Particularly high rates have been returned from :—

LOWER CHINDWIN (43·60).—The year 1931 showed an increase in the birth rate of 4·87 and this year shows a further increase of 6·51 per thousand population compared with the year 1931. The increase is ascribed to the inclusion of figures from some areas, more than 20 miles from headquarters, which did not submit returns in previous years.

SHWEBO (41·98).—The district records its highest rate since the year 1921 and there has been an increase of 2,157 births when compared with last year. The District Health Officer remarks "The steady increase in the number of births in recent years indicates that more and more attention is being paid to registration work by all concerned. The serious notice taken by the Deputy Commissioner for lapses in duty by headmen in this connection, and the penalties inflicted on them by him, have had a deterrent effect on others and have thus led to a better observance of the rules."

PAKÔKKU (39·09).—There is an appreciable increase of 3,219 births in 1932 over those in 1931, which is no doubt due to improvement in registration. Myaing and Yesagyo townships have returned the largest increases.

SAGAING (36·94).—There has been a steady improvement in the birth rate since 1925 and the current year's rate is the highest for the past decade.

Very low rates have been returned from :—

THAYETMYO (13·31).—This figure in no way represents the true state of affairs. The facts are that many headmen's records were lost or destroyed during the rebel disturbances in this district, and registration at the same time fell into abeyance.

BASSEIN (16·80).—The low birth and death rates returned show that registration of vital statistics is very defective. It is not possible to say how far this unsatisfactory state of affairs is due to the apathy and ignorance of the parents in reporting, and how far to slackness on the part of the headmen in registering the births. Prizes to the value of Rs. 40 each with good service certificates were awarded to 15 *thugyis*

for good work in registering vital statistics. It is hoped that a marked improvement in registration will result in the year 1933.

THATÔN (16'81).—There is an increase of 1'83 in the rate when compared with last year. The birth rate of the district is still low and as it records also the second lowest death rate in the Province, there is no doubt that registration of births and deaths has been badly neglected.

TOUNGGOO (17'25).—A slight increase was noticed in the number of births and deaths recorded during the year. A combined effort by the township officers and public health staff in exercising strict control over the work of registration would certainly bring it to a better level.

INSEIN (19'99).—The decrease in the number of births registered during the year has been to some extent attributed to the evacuation of some villages owing to the rebellion and the shifting of the inhabitants to other districts. If the returns of the area under the Rural Health Unit, Hlegu, were excluded from the district returns, then the birth rate of the district would only be 15'82. Verification of the entries in the birth and death registers must have been done in a very haphazard manner. In this connection the Commissioner, Pegu division, remarks "The statement that the sanitary staff visited every village-tract in the district but detected only 9 omissions is, I am afraid, far too good to be true."

HANTHAWADDY (21'05).—The current year's birth and death rates are the lowest ever recorded in the district and the deterioration in the recording of births and deaths which started in 1925, has not shown any signs of abating.

Statement VI
B.

12. Birth Rate (Urban) (31'20).—

Year.	Number of births in towns.	Rate.
1927 ...	34,902	27'98
1928 ...	36,770	29'33
1929 ...	39,615	31'60
1930 ...	39,707	31'67
1931 ...	41,824	29'67
Quinquennial mean		30'05
1932 ...	43,968	31'20

It is satisfactory to be able to record that there has been a progressive improvement in birth registration in towns since 1927 and this year's rate shows an increase of 1'53 when compared with last year. Of 71 towns included in the main statements 47 recorded rates in excess of last year, and in 38 towns the rate was higher than the provincial urban rate.

The highest rates during the year were recorded in :—

SHWEBO (57·59).—This town has recorded the highest birth rate of all towns both last year and this year.

MANDALAY (52·02).—The rate recorded is the highest for the past decade. There appears to have been a general compliance, on the part of the public, with the registration byelaws.

YE-U (48·14).—There is an increase of 6·42 in the rate when compared with 1931.

KAWKAREIK (45·93).—This town records the same number of births as last year.

SAGAING (44·31).—The number of births recorded in the town has increased from 373 in 1926 to 626 in the year under review and indicates an improvement in registration. The Health Officer remarks "I have every reason to believe that the figures for births and deaths are fairly accurate."

MÔNYWA (42·78).—For the first time for many years births have exceeded deaths. Both in 1931 and 1932, house to house visits were made by the public health staff with a view to detecting omissions of births.

MEIKTILA (41·00).—There was a slight increase in the number of births recorded during the year.

Very low rates have been returned from :—

INSEIN (16·94).—There is a slight improvement in the rate compared with last year, but the rate is still low. The President, Municipal Committee, reported last year that instructions had been issued to the medical registrar, public health inspector and vaccinator to make periodical house to house inspections for verifying entries in the birth register.

AKYAB (17·25).—The low birth rate is not due to bad registration but to the great excess of males. The 1931 census shows that there are 28,724 males and 9,370 females in this town. The importance of Akyab as a rice growing centre attracts large numbers of Chittagonian coolies each year.

THINGANGYUN (18·66).—The low rate in this town is partly accounted for by the number of mothers who go for their confinement to Rangoon where proper medical aid can be obtained. Such births are registered in Rangoon.

LETPADAN (18·83).—This town records almost the same rate as last year. The registration byelaws of this municipality require revision as they are now out of date.

PYAPÔN (19·78).—It is said that the decrease of 24 births compared with the previous year is due to the return of a number of people to the rural areas, who had moved temporarily to the town owing to rebel activities in the previous year.

CHAUK (20'19).—A house to house inspection conducted at the instance of this Department revealed as many as 129 children under 3 years of age whose births were not registered. It was discovered that births and deaths in the B.O.C. cooly barracks were not registered by the local village headmen concerned. The Labour Superintendent, B.O.C., now sends in monthly reports of births and deaths in the barracks and as a result the number of births registered has increased from 78 in 1931 to 259 in the year under review.

PAUNGDE (38'21).—Consequent on the appointment of a wholetime Health Officer in this municipality during the year there has been a marked improvement in the registration of births. The number of births recorded has increased from 247 and 354 in the years 1930 and 1931 respectively to 515 in the year under review and the rate is the highest since 1915. The Health Officer is to be congratulated on this rapid improvement in registration.

13. Still Births and Maternal Deaths.—The provincial figures show 2,777 still births in towns and 1,005 in rural areas giving ratios of 6'32 and 0'34 respectively per hundred live births. These figures are not very reliable and the actual numbers are probably a good deal higher, at any rate in the rural areas.

Statement VI
B(a).

The number of deaths reported from childbirth in towns was 435, giving a ratio of 9'89 per thousand registered births compared with 10'40 last year. The highest rates were recorded in Minbya (53'33), Thingangyun (40'27), Kyangin (38'46), Kamayut (35'29), Zigôn (32'05), Kanbe (28'90), Nyaunglebin (28'57), Pyawbwe (25'25), Sandoway (24'59) and Moulmeingyun (23'47).

Statement
VIA.

14. Death Rate (Rural) (15'78).—The rural death rate shows a slight fall of 0'09 from last year but a substantial decrease of 2'42 when compared with the five-year mean. The death rate in the Hlegu township, where supervision of registration is exercised by the Health Unit was 21'02. This figure is a more accurate indication of mortality in rural areas. Excepting Maubin, Pyapôn, Tharrawaddy, Myaungmya and Kyaukpyu, all the other districts record rates lower than their mean figures for the last five years.

High rates have been recorded from the following districts :—

KYAUKSÈ (26'60).—Though this district recorded the highest death rate in the rural areas in 1931 and in 1932, the rate has come down from 43'64 in 1929 to 31'40 in 1931 and to 26'60 in the year under review. About forty per cent. of the deaths are ascribed to "fevers" most of which is probably malaria.

LOWER CHINDWIN (25'13).—The death rate is less than in any of the three preceding years. Fevers and respiratory diseases contribute largely to the mortality in this district.

MINBU (24'56).—There was an increase of 2'50 in the death rate when compared with last year. Malaria is normally prevalent in the district, chiefly in Salin and Pwinbyu townships. The number of deaths from fevers, which are very largely malarial in origin, shows a marked increase in Pwinbyu, Salin and Sidoktaya circles. The increase is stated to be probably due to the abnormal flooding of the Môn and Man rivers.

SHWEBO (23'62).—A decrease in deaths was noted in Shwebo, Wetlet, Kin-U, Ye-U and Kanbalu townships.

PAKÔKKU (22'84).—There was an increase of only 47 deaths over the figure for 1931. The District Health Officer remarks "Fever, with malaria forming a good portion of it, is still the chief cause of death. With the improvement in registration in Myaing and Yesagyo townships which are the most populous in the district, the figures returned may be taken as fairly correct."

Very low rates have been returned from Thayetmyo (7'39), Thatôn (8'65), Bassein (9'23), Magwe (11'06), Toungoo (12'30), Henzada (12'42) and Hanthawaddy (12'65). In Thayetmyo, the very big decrease in the recorded number of deaths is due to the destruction of headmen's records during the rebel disturbances in the district. The low death rates, combined with the low birth rates, recorded in Thatôn, Bassein, Toungoo, Henzada and Hanthawaddy districts show that registration is badly carried out in these areas. The first four of these districts were mentioned in last year's report for bad registration and the local authorities are again being urged to remedy this unsatisfactory state of affairs.

15. Death Rate (Urban) (28'85).—This year's rate shows an increase of 0'20 when compared with last year, but a decrease of 6'12 when compared with the five-year mean. There was a rise in the mortality due to smallpox and plague, but non-epidemic diseases accounted for less deaths.

Statement
VIB and
Chart III.

Of the 40,644 deaths in towns in the year under review 21,839 are ascribed to "all other causes." Steps have been taken to compile these deaths from "all other causes" in more detail for the year 1933 and in the next annual report it is hoped to state the diseases to which the majority are due. It is surmised that infantile deaths due to malnutrition and convulsions constitute the majority.

High death rates were recorded from the following towns :—

SHWEBO (53'87).—The number of deaths recorded in this town is the highest for the past 20 years and has been increasing since 1926. An analysis of deaths in 1932 shows that while there is an apparent improvement under "fevers" and "respiratory diseases," the number of deaths recorded under "all other causes" has increased from 385 in 1931 to 507 in the year under review. Mortality among children under one year of age constituted one-third of the total deaths.

TAUNGDWINGYI (48·21).—The increased death rate during the year especially in the absence of epidemics, has been attributed partly to improved registration and partly to increased deaths from malaria and infantile convulsions. This town records the highest infant mortality rate in the Province this year.

MANDALAY (41·59).—There has been a rise of 146 deaths. Epidemics of smallpox and plague were prevalent in the first half of the year and there was a marked rise in the deaths due to these two diseases. There was a marked decrease in the deaths due to non-epidemic diseases. The highest monthly death rate during the year was recorded in November when climatic conditions of rain and cold are said to have been a contributory factor. A similar rise can be seen in the records of previous years.

YENANGYAUNG (39·20).—Plague was not so severe in the town as last year. Infantile mortality contributes largely to this town's high death rate and the Health Officer stresses the effect of bad conservancy and an inadequate water supply on the figures for fever and intestinal diseases.

GYOBINGAUK (38·44).—The high death rate was mainly due to infantile mortality which has been ascribed to malnutrition or convulsions. These terms, however, cover a number of infant diseases.

KAWKAREIK (38·33).—The town has enjoyed a freedom from epidemic diseases for some years past. A large number of deaths were due to fever and as malaria is not severe it is possible that a number of these deaths may be due to the typhoid group.

SALIN (38·32).—The rate shows an increase of 3·00 when compared with last year but a decrease of 13·72 when compared with the five-year mean. In 1930 there was a severe outbreak of malaria in the town and the fall in the death rate since that year is, in no small measure, due to the efforts of the district health staff to improve the sanitation of the town.

THAYETMYO (38·26).—The absence of plague in an epidemic form helped towards the decrease of 3·66 in the death rate when compared with last year. Infantile mortality accounts for over one-third of the deaths in Thayetmyo.

PAUNGDE (37·91).—There is a fall of 3·41 in the rate compared with 1931 and a diminution in plague mortality is the main cause of this. Paungde is notorious for plague and it is significant that this welcome decrease coincides with the appointment of a wholetime Health Officer.

Low rates were recorded in :—

KYAUKPYU (14·89).—The absence of a cemetery caretaker militates against the accuracy of death registration. From the recorded figures it is seen that the current year's rate is the lowest since 1914. Compared with last year a marked improvement is found under the head "fevers" and this is mainly due to the effective antimalarial measures carried out at Kyaukpyu.

CHAUK (16'52).—There has been an increase of 2'72 in the rate, which may be attributed to the efforts taken to improve the registration of vital statistics in this town. The President, Town Committee, remarks "A cemetery caretaker and byelaws to ensure control are now being arranged for."

NATTALIN (17'22).—Its low death rate combined with its low birth rate gives reason to believe that registration is defective.

AKYAB (17'82).—There is an improvement in the rate of 0'35 when compared with last year and 4'63 when compared with the five-year mean. There is no doubt that health conditions in this town have improved in recent years. The Municipal Committee is a progressive body which appreciates the benefits of public health measures.

Of 71 towns whose figures are included in the main statements at the end of this report, the verification of the cause of death is done by a qualified medical man in 63 towns ; in 7, the work is entrusted to a public health inspector as there is no qualified medical man readily available, and in 1 town, namely Sandoway, no verification seems to have been done at all.

16. Infant Mortality Rate (Rural) (171'37)—

<i>Year.</i>	<i>Rate.</i>
1927	184'34
1928	192'13
1929	213'01
1930	191'45
1931	177'89
Five-year mean	191'46
1932	171'37

The infant mortality rate in the area of the Rural Health Unit, Hlegu, is 130'60.

High rates have been recorded from the following districts :—

SANDOWAY (257'19).—The rate recorded is the highest since 1923 and the deaths under one year constituted 38 per cent. of the total deaths in the district. The District Health Officer remarks "There are only two trained midwives in the whole district. There used to be one more results system midwife at Gwa, but since she resigned in April 1931 it has not been possible to secure a suitable substitute in her place."

KYAUKSE (244'97).—The number of infant deaths has decreased from 1,562 in 1929 to 1,336 in 1931, and 1,072 in the year under review. Malaria, which is intensely prevalent in the district, probably accounts for a large proportion of the child mortality.

PROME (239'90).—For the first three months of the year conditions in the district had not returned to normal after the rebellion and many headmen had not ventured to return to their villages. Under the circumstances many births must have escaped registration, so no great

reliance can be placed on the infant mortality rate, which is calculated on the recorded number of births.

MAUBIN (223'08).—There has been a great improvement in the registration of vital statistics and while there was an increase of 3,939 in the births registered, the infant deaths increased from 1,020 in 1931 to 2,233 in 1932. There is no doubt that this year's rate is nearer the truth than previous years' figures.

TOUNGGOO (220'41).—Comment has already been made regarding the unsatisfactory state of registration of vital statistics in this district. There was a slight increase of 4'08 in the infant mortality rate when compared with last year.

SHWEBO (212'48).—There has been a welcome decrease of 66'28 per thousand. As the district records a very high death rate from fevers, most of which are probably due to malaria, one would expect an infant mortality rate above the provincial mean.

The districts returning low rates are Mergui (91'22), Tavoy (91'41), Myaungmya (94'26), Amherst (105'66), Myingyan (123'22), Thatôn (137'77), Hanthawaddy (147'78) and Meiktila (153'61).

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17. Infant Mortality Rate (Urban) (271'72).—The urban infant mortality rate shows an improvement of 5'73 compared with last year and 22'92 compared with the five-year mean. A decrease in the rate has been recorded in 37 out of 71 towns. Taking the 28 towns with a population of 10,000 or more, it is seen that with the exception of Syriam, Thatôn, Moulmein, Tavoy, Mergui, Toungoo and Maymyo all record ratios of over 200 per mille. The proportion of infant deaths to total deaths in towns was 29 per cent. which is the same as in 1931 and the proportion of male infant deaths to every 100 female was 123.

High rates were recorded from the following towns :—

TAUNGDWINGYI (551'20).—The Health Officer remarks "Deaths among infants under one year were appallingly high. It is said there was scarcity of food during the year under review. This alone could not account for it. I consider that the ignorance of the mothers with regard to feeding and clothing of infants, and the cumulative effect of insanitary surroundings due to a defective conservancy system and drainage must have a great deal to do with it." The infant welfare society was revived and received a grant from the municipality, and steps are now being taken to build a child welfare centre and to employ a health visitor. It is hoped that an appreciable reduction in the infant mortality rate will result.

PYAWBWE (439'39).—The high rate recorded is practically the same as last year. The town was without a qualified midwife for $4\frac{1}{2}$ months in the year and as a result 169 out of 198 births were attended by unqualified persons.

GYOBINGAUK (418·72).—There was an increase of 17 infant deaths when compared with last year. There was a fall of about 22 per cent. in the number of births registered and this partly accounts for the high rate arrived at by calculation.

MYINGYAN (410·88).—The number of deaths under one year was the highest ever recorded for Myingyan. The formation of an infant welfare society would greatly help to reduce the avoidable loss of infant life. The Health Officer reports that he tried to get people interested in this much needed reform, and to have a meeting called, but that owing to lack of enthusiasm the matter was dropped. Myingyan unfortunately has an unenviable reputation in matters pertaining to public health.

MYANAUNG (392·31).—As pointed out last year the general sanitary condition of the town is very unsatisfactory and the municipal committee does not even employ a public health inspector. No infant welfare work is done.

KAWKAREIK (374·17).—Here also there is great scope for an infant welfare society. The Health Officer states that this high rate could be largely reduced if people would have recourse to early treatment of the children when they become sick.

CHAUK (366·80).—In spite of the fact that the number of infant deaths has increased from 33 in 1931 to 95 in the year under review, the rate has shown a decrease of 56·28 on account of the great improvement in the number of births registered.

THAYETMYO (366·05).—The Deputy Commissioner, Thayetmyo, remarks “The figures under infantile mortality show an appalling state of affairs which is almost entirely due to the use of unqualified midwives. The municipality requires legislation to prohibit the practice of uncertificated women, especially in view of the fact that they supply a certificated midwife and the infant welfare society supplies another.”

Other towns which recorded high rates were Yenangyaung (348·52), Kamayut (347·06), Kyauksè (341·18), Meiktila (337·02), Myitnge (333·33), Pakkôku (330·23), Sagaing (325·88) and Letpadan (323·14).

The towns recording the lowest rates are Sandoway (114·75), Toungoo (115·38), Kyaukpyu (135·71), Tavoy (139·56), Kyônpyaw (148·94), Nattalin (150·68), Minhla (151·52), Shwegyin (158·65) and Moulmein (161·80).

CHAPTER III.

The State of Public Health in the Province.

18. **State of Public Health.**—An attempt to appreciate the present state of public health in Burma meets with difficulties, for the vital statistics on which the appreciation might be based are so open to criticism on the grounds of inaccuracy. Taking the figures, however, for what

they are worth, it is of interest to compare our rates with those of the provinces of India. Such a comparison is shown in the following table :—

Provinces.				Birth rate.	Death rate.	Infant Mortality rate.
Assam	...	...	...	30·06	18·96	156·58
Bengal	...	...	...	26·6	20·5	178·9
Bihar and Orissa	...	...	...	33·8	20·6	128·8
Bombay	...	...	...	35·89	23·04	156·39
Central Provinces	...	...	...	45·20	26·89	201·12
Madras	...	...	...	36·03	21·96	182·98
North Western Frontier Province	...	...	...	28·89	20·00	129·34
Punjab	...	...	...	41·36	24·70	178·52
United Provinces	...	...	...	34·66	22·23	162·72
Burma	...	...	...	27·75	17·30	184·50

It will be seen that Burma records the second lowest birth rate and the lowest death rate. It would be foolish to draw any comforting conclusions from the death rate of 17·30, such as that health conditions in Burma are superior to those in India. The low death rate is without doubt largely the result of inefficient registration. The death rate in the rural area of Hlegu, where the Health Unit staff probably ensures the most correct rural statistics in Burma, is 21·02. The true provincial death rate will therefore lie somewhere above the Hlegu rate, for our urban rate is higher than our rural death rate. If the Hlegu rate were taken as applying to the whole Province, we would, as a result, get a provincial (rural and urban combined) death rate of 22.

A distressing feature in Burma's figures is the high infant mortality rate of 184·50 per thousand births. It will be seen that this figure is exceeded by only one province in India. Considering that the corresponding rate in England for the year 1931 was 66 per thousand births, it is evident that a wide field of labour exists for those in Burma who are concerned with the improvement of health, in trying to reduce this lamentable figure.

The following statement shows the comparative mortality from the chief diseases in 1932 and the mean of the previous five years :—

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Diseases.		Deaths per 1,000 population.					
		Rural.		Urban.		Combined.	
		Five years' average.	1932.	Five years' average.	1932.	Five years' average.	1932.
Cholera	...	0·34	0·10	0·67	0·03	0·38	0·09
Smallpox	...	0·11	0·10	0·36	0·98	0·14	0·21
Plague	...	0·09	0·04	1·44	0·80	0·25	0·13
Fevers	...	7·39	6·67	4·40	3·28	7·04	6·27
Dysentery and diarrhoea	...	0·50	0·31	2·17	1·31	0·70	0·43
Respiratory diseases	...	0·29	0·33	6·82	5·92	1·04	0·98
Injuries	...	0·31	0·31	1·08	1·03	0·40	0·40
All other causes	...	9·17	7·92	18·02	15·50	10·20	8·81
Total	...	18·20	15·78	34·97	28·85	20·15	17·30

The Province has been lucky in the last three years in the comparative absence of our three worst epidemic diseases, namely cholera, plague and small pox. Our records go back to the year 1872 and every year up to 1930 at least one of these diseases, and frequently two, have been present in severe epidemic form. It would be reckless in the absence of accurate data to ascribe this reduction of epidemic disease to any special measures ; it is, however, difficult not to associate it to some extent with the provision in recent years by Government of a wholetime cadre of subassistant surgeons, whose duty it is to deal at the earliest possible moment with a threatened outbreak of epidemic disease. There are also encouraging signs that, in some localities at any rate, the people are beginning to realise that these three diseases are preventible and that the fatalistic attitude of regarding them as unavoidable evils is disappearing.

Malaria probably causes more sickness in Burma than all other diseases put together. There are large tracts of country especially near the foothills which are highly malarious. It is unfortunate that the measures for preventing the disease usually necessitate a fairly considerable expenditure of money, and the present financial depression adds to the difficulties in this direction. In the places where the problem has been tackled, very encouraging results have been obtained. These are described in detail in the special chapter devoted to this disease.

In 1929 a clearly defined Public Health policy including the building up of an adequate health service, was adopted by Government as a result of the deliberations of the Public Health Department Reorganisation Committee. The financial stringency of the intervening years has inhibited the rate of progress that was first visualized. In the meantime, however, propaganda and education are having their effect and it is reasonable to believe that, when better times return, the increased interest in and appreciation of public health matters by the people will result in a demand for more rapid progress, and that those in authority will recognise the desirability of granting it.

CHAPTER IV.

The Chief Diseases in the Province and their Epidemiology.

19. Cholera (Provincial) (0·09).—The death rate from cholera was twice as high as in the previous year, but was still well below the five-year mean of 0·38. With the exception of Akyab, Kyaukpyu and Meiktila districts, where epidemics broke out, the rest of the Province was practically free from this disease which up to three years ago was a severe cause of mortality in the Province. The number of cases increased from January up to April, fading out from then towards the end of the year.

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20. Cholera (Rural) (0·10).—Although the rate shows an increase of 0·05 when compared with last year, the incidence was not serious except in the three districts of Akyab, Kyaukpyu and Meiktila. Eleven other districts reported cases but they were sporadic in nature.

AKYAB (1·48).—The epidemic in 1932 was the most severe for the last three years and caused 883 deaths. It started in January, reached its height in April and then gradually subsided. It is at this time in the spring that immigration of Chittagonian labourers into Akyab district is at its maximum. Many of these labourers, coming as they do from heavily infected cholera areas in Bengal, are carriers of the disease. Their mode of life takes little heed of sanitation and it is almost inevitable that an epidemic should occur.

Inoculation was offered generally to the people and the District Health Officer reports that this method of protection is becoming more popular. This is borne out by the figures, as 27,510 people accepted inoculation compared to 8,780 in 1931. It is an encouraging sign that some villages which had not yet been attacked asked for inoculation.

KYAUKPYU (0·50).—There were 108 deaths due to cholera, of which 47 were reported from Myebon township, 34 from Cheduba township and 27 from Ramree township. In Myebon township the disease broke out in the month of March and lasted until September. The source of infection in this township was said to be infected water. In Cheduba township the infection is said to have been imported from Akyab district. In Ramree township the first case occurred in the village of Kyauknagar on the 3rd April and then spread to Attwinbyin village. Necessary preventive measures were adopted and the people were inoculated against cholera in the affected villages.

MEIKTILA (0·08).—The epidemic commenced in July and subsided in September, but isolated cases occurred in November in one village. The disease caused 25 deaths during the year. Prophylactic measures such as disinfection of wells and administration of essential oils mixture were put in force and 2,070 inoculations were done.

SOUTHERN SHAN STATES (WEST OF THE SALWEEN).—The notification of outbreaks of infectious disease in the remote areas of the Shan States is very unsatisfactory. The occurrence of 101 deaths from cholera in Karenni, and 10 deaths in the western subdivision, came to the notice of the District Health Officer only when information for the compilation of his annual public health report was received from the Assistant Political Officers of these areas, at the end of the year.

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21. Cholera (Urban) (0·03).—The total of cholera deaths in towns was 49, a very satisfactory figure and in strange contrast to the high mortality from this disease that obtained in our urban areas up to three years ago. Whatever be the cause of this welcome diminution in cholera, it certainly is not to be found in any appreciable improvement

in water supplies or conservancy. The conditions favouring an outbreak are still generally present and the influences which have limited the spread of this fatal disease in the last two years and in this year may be removed at any moment. Immediate inoculation of the local people on the occurrence of a case has undoubtedly helped to control the spread of the disease. The total number of towns affected was 12 of which 8 had one death each. The other 4 towns where more than one death occurred were :—

MINBYA (1'78).—Of the 4 cholera deaths, 2 were among the inhabitants of the town and the other 2 were Chittagonian coolies.

MEIKTILA (1'59).—The first case of cholera was imported from Yamèthin district in July and in the same month the disease spread in the town causing 11 attacks and 6 deaths. In the month of August another 8 attacks and 8 deaths were recorded. Inoculations numbering 1,152 were performed in the Civil Hospital and Vaccine Dépôt, Meiktila.

AKYAB (0'53).—The town having been free from cholera for two years had 51 cases with 20 deaths in 1932. Thirty-two cases were imported and the rest indigenous. Energetic steps were taken by the health staff to deal with the situation and it is satisfactory that 8,847 persons, over one-fifth of the population, consented to be inoculated.

RANGOON (0'01).—Only 7 cases of cholera with 3 deaths were reported during the year. Six cases, of whom 2 died, were treated in the Contagious Diseases Hospital; the seventh case died at home.

22. Anticholera Inoculations.—There was an increase in the number of anticholera inoculations performed during the year, and the health officers responsible for this are to be congratulated. The total number of persons protected by this measure was 50,071, of whom 37,809 were in rural areas and 12,262 in towns. The corresponding figures for the previous year were 20,751, 15,175 and 5,576 respectively. More than four-fifths of the total number of inoculations were done in the three districts of Akyab, Kyaukpyu and Meiktila, the figure for Akyab alone being 36,357. A good number of anticholera inoculations were done in the districts of Myaungmya, Pyapôn and Arakan Hill Tracts and in the towns of Wakèma and Moulmeingyun.

23. Smallpox (Provincial) (0'21).—There was a regrettable rise in the incidence of smallpox, the rate being the highest for the past three years. With the exception of Kyaukpyu, Mergui and Minbu, all the districts recorded deaths from this cause. The disease was most prevalent in Mandalay, Rangoon City and in the Mandalay and Lower Chindwin districts. The deaths in the Province from this disease were 83 in January and with the spread of the epidemic a monthly total of 598 deaths was recorded in April and 536 in May. From this on there was

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a steady decline. Of the total deaths, 12·12 per cent. were among children under one year and 30·11 per cent. were among children over one year but below ten years.

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24. Smallpox (Rural) (0·10).—The death rate shows a rise of 0·06 when compared with last year but a decrease of 0·01 when compared with the five-year mean. Twenty-seven districts have recorded deaths from this disease compared with 10 districts last year.

High rates have been returned from the following districts :—

MANDALAY (0·88).—The outbreak in this district was the severest since 1920. There were 1,071 attacks and 174 deaths. The epidemic was most prevalent in March and April after which it gradually subsided. Amarapura township was severely affected. In the beginning there was considerable local opposition to the erection of an isolation shed for smallpox cases at Amarapura, but the elders were induced to co-operate with the health staff and a mass vaccination campaign was eventually carried out successfully. Although the work of the village headmen in reporting the occurrence of cases was on the whole satisfactory, forty-four cases of failure to report smallpox were detected and the headmen and villagers responsible were punished after due enquiries.

LOWER CHINDWIN (0·54).—The number of smallpox deaths recorded is the highest since 1910. There were 1,232 attacks with 202 deaths, of which 1,218 attacks were reported to be indigenous. The epidemic was widespread and in some villages in Pale township attacked whole village-tracts. In many cases there was delay in reporting and in many others no reports were received. The worst example of the latter was the outbreak of smallpox in Zeiktaung and its neighbouring villages. In that village a highly revered phongyi contracted fever on the 30th January, developed a rash on the fourth day of his fever and died on the 13th February. The death was reported as simple fever though the nature of the disease must have been obvious. The inmates of the monastery, who were contacts, continued to collect offerings from the people during his illness and numerous people from the surrounding villages called to visit the sick phongyi. On the 22nd February the headman of the village developed smallpox and from that on many villages were attacked by the disease. Eventually the corpse of the phongyi was cremated on the 3rd March after a phongyibyan which drew large crowds from near and distant villages. Thus the epidemic developed and spread. The vaccinators who first reached the village made a house to house visit, found 306 people suffering from smallpox and ascertained that 32 people had already succumbed. Only one person, a child of two years, escaped infection in the village. Intensive vaccination was started especially in the surrounding villages where numerous cases had by now occurred, and altogether a total of 41,001 vaccinations was performed

in the district. The District Health Officer remarks "Certain interesting facts emerge from this terrible outbreak, *viz.* (a) The outbreak was very severe, as the disease broke out in virtually virgin soil. (b) Certain people escaped the disease by what seems to have been a natural immunity. (c) Certain children protected within the previous five years had fever and other symptoms of smallpox but no eruption or only a very few papules appeared. (d) The severe outbreak taught a lesson on the value of vaccination. People without being questioned told me that those who were vaccinated escaped with light attacks while the unprotected either died or suffered severely."

SAGAING (0'48).—Outbreaks of smallpox occur annually in this district and during 1932 there were 836 attacks and 152 deaths. The District Council ignorantly but stoutly refuses to have the Vaccination Act extended to its area. Tada-U township recorded 58 deaths, Sagaing 40, Ngazun 26, Chaung-U 12, Myaung 9 and Myinmu 7 deaths.

INSEIN (0'31).—There were 351 attacks with 87 deaths during the year compared with 7 attacks with 1 death in 1931 and 5 attacks with no death in 1930. The highest incidence was in Taikkyi township which recorded 132 attacks and 36 deaths. The district remained infected throughout the year.

KYAUKSÈ (0'28).—The disease is said to have spread into the district from Lower Burma. It was most prevalent in the months of March, April and May. There was a lull in the month of June but deaths occurred in July and August. Kyauksè township reported 27 out of the 41 smallpox deaths in the district.

SOUTHERN SHAN STATES (EAST OF THE SALWEEN).—The notification of epidemic disease in this part of the Province is very unsatisfactory and the possibilities of improving it are now being investigated. The Health Officer estimates that about 400 attacks with 89 deaths occurred in the Loimwe subdivision. Many parts of the area are difficult of access and the primitive inhabitants still cling to their faith in nat-worship, rather than to vaccination, as a preventive of the disease.

NORTHERN SHAN STATES.—This district suffered heavily from smallpox as 842 attacks and 97 deaths were reported. Of these, 420 attacks and 46 deaths took place in Hsipaw State, 244 attacks and 26 deaths in South Hsenwi and 156 attacks and 25 deaths in North Hsenwi State. There was much delay in reporting smallpox cases in Hsipaw State, as information about 289 attacks and 20 deaths which occurred between March and November reached the District Health Officer only in the middle of December 1932. It is obvious that control of epidemic disease in these parts is almost negligible.

25. Smallpox (Urban) (0'98).—Smallpox occurred in 40 towns compared with 8 in the year 1931. When one considers the simplicity and effectiveness of vaccination it is very regrettable that the figures

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should have been the highest since 1926. There was an increase of 0·94 in the rate compared with 1931 and an excess of 0·62 over the five-year mean.

The highest rates were recorded in :—

MANDALAY (3·77).—The outbreak was the severest the town had experienced since 1920. It had started in the latter part of 1931 when a number of sporadic cases occurred. From January onwards the disease made rapid strides until it reached its highest point in May and gradually declined to vanishing point in September. Thirty-six out of the thirty-eight quarters of the town were involved in varying degrees with a total of 558 deaths. In March, six additional vaccination centres were opened and vaccination was pushed intensively. For the convenience of people who were unable to go to the vaccination stations, arrangements were made to send a vaccinator on request either to their houses or places of business. Towards the end of May a series of vaccination “drives” were initiated in which the entire vaccination staff was concentrated on one particular area at the time. They went systematically from house to house, and from block to block, vaccinating all who remained unprotected. These “drives” were continued up to the middle of July. The result is that the population of Mandalay must now enjoy a fairly high immunity.

LETPADAN (2·88).—There were 84 attacks and 35 deaths. The epidemic started in January with an imported case from Rangoon, reached its climax in March, and disappeared in May. Altogether 3,960 vaccinations were reported to have been carried out which correspond to about one-third of the population.

MYITNGE (2·46).—Fourteen deaths from smallpox occurred in the railway area during the months of March, April and May. Necessary precautions were taken by the Railway medical authorities.

MYINGYAN (2·08).—In this town, 53 deaths took place from smallpox. The early cases were not reported until the time of death and this gave the disease a foothold.

INSEIN (1·76).—There were 92 attacks and 36 deaths during the year under report. Insein being very near to Rangoon the outbreak followed close on that in the latter place.

RANGOON (1·23).—The Health Officer's report shows that the disease having been present in sporadic form from July 1931, assumed epidemic proportions in January 1932. In March it accounted for 198 deaths and not until May was the outbreak brought under control. The public are stated to have been unhelpful in the reporting of cases and unwilling to have them removed to the infectious diseases hospital. The normal vaccination staff was increased by 20 temporary vaccinators and a house to house search was made to discover unreported cases. There were altogether 1,719 cases with 493 deaths, which is the third highest figure for the last twenty years. Of the 1,719 cases, 1,359

(including 2 cases of the previous year) were treated in the Contagious Diseases Hospital with a mortality rate of 17·59 per cent., while the remaining 362 cases treated out of hospital are stated to have had a mortality rate of 70·17 per cent.

26. Smallpox cases treated in Hospitals.—During the year, 1,378 cases of smallpox were treated in hospitals, of which 1,359, 8 and 2 were in the Contagious Diseases Hospitals at Rangoon, Moulmein and Bassein respectively ; the balance of 9 cases were in the isolation wards of the Civil Hospitals at Pyapôn, Kyaiklat and Ye-U. It is reported that of the total number, 814 had marks of vaccination and 564 were unvaccinated. One hundred and eighty-five deaths occurred among the 564 unvaccinated cases giving a mortality rate of 32·80 per cent., while only 54 deaths occurred among the 814 cases who had been vaccinated giving a mortality rate of 6·63 per cent.

27. Plague (Provincial) (0·13).—The death rate from plague is the same as last year and shows an improvement of 0·12 when compared with the five-year mean. It is still the lowest rate on record. Eighty-one per cent. of the total deaths occurred in the first three months of the year, after which there was a sudden decline in mortality. The lowest number of deaths occurred in October. The Arakan division and the districts of Tavoy and Mergui, all on the sea-board, continued to enjoy their immunity from this disease. Other districts recording no deaths from plague in 1932 were Pyapôn, Amherst, Pakôkku and Kyauksè.

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and Chart V.

28. Plague (Rural) (0·04).—The death rate is the lowest on record and shows a drop of 0·02 from that of 1931. Twenty districts have reported deaths from this disease.

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Chart IV.

Comparatively high rates have been recorded in the following districts :—

MEIKTILA (0·24).—Plague has become endemic in the district and during the year there were 93 attacks and 72 deaths, compared with 131 attacks and 93 deaths in the previous year. The epidemic carried on from the previous year and was stamped out in March. It reappeared in September and continued until the end of the year. Wundwin township recorded 51 out of the 72 plague deaths in the district. Voluntary evacuation of the affected villages was adopted in a few cases and 5,439 inoculations were done during the year. The District Health Officer reports that this number of inoculations was accomplished only after much coaxing and persuasion.

THARRAWADDY (0·16).—There were 77 attacks and 75 deaths during the year as compared with 109 attacks and 105 deaths in 1931. Except for two cases the epidemic was confined to Okpo and Sitkwin, two villages on the railway line. Plague occurs annually in these two

places and the District Council should take steps to improve sanitary conditions in them. A total of 798 inoculations were carried out at Sitkwin and 814 at Okpo.

SAGAING (0'15).—Of the 57 attacks and 46 deaths from plague recorded during the year, Shweban and Twingyi villages in Myaung township reported 44 attacks and 33 deaths, Kontha and Natsein villages in Ngazun township reported 12 attacks and 12 deaths and Sadaung village in Sagaing township reported 1 attack and 1 death. In all, 1,612 inoculations against plague were reported to have been performed.

THATÔN (0'11).—There were 55 attacks and 55 deaths of which 25 were recorded in Paung circle, 26 in Kawkadut and 4 in Taungzun. The epidemic in Paung continued from the previous year. The custom, so common in this area, of storing paddy in large quantities in what is really a part of the dwelling house brings the infected rats into very close association with the occupants and undoubtedly contributes to the annual plague mortality which occurs in Paung.

PROME (0'07).—Plague occurred in two circles, Paukkaung and Paungdale and the total number of deaths was 25. Disinfection of infected houses was carried out, as far as was practicable, under the supervision of the subassistant surgeon on epidemic duty and 1,437 antiplague inoculations were performed.

29. Plague (Urban) (0'80).—The death rate shows an increase of 0'15 when compared with last year but a decrease of 0'64 when compared with the five-year mean. Of 71 towns, 40 were affected compared with 36 in 1931.

High rates were recorded from the following towns :—

MYANAUNG (6'61).—The marginal table which gives the attacks and

Year.	Attacks.	Deaths.	deaths in this town in recent years, shows
1932	60	60	that only fatal cases were reported. The
1931	59	59	disease was probably more prevalent than
1930	36	33	the figures show. It is reported that the
			disease was chiefly confined to Letpan

quarter. The Health Officer remarks "The general sanitary condition of the town is deplorable. . . . Cleanly upkeep of bazaar premises, regular sweeping of streets and removal of waste and refuse matter are among the chief improvements badly needed by the town. A public health inspector is indispensable and it is high time for the municipality to enlist the services of one. The municipality has not asked the sub assistant surgeon to exercise the full powers of a Health Officer ; even if the municipality were to do so, the need for a qualified public health inspector would remain."

SHWEGYIN (5'62).—Two cases were treated in the civil hospital, of whom one died and one recovered while 32 plague deaths were reported

from the town. All the cases occurred within the first four months of the year. Of a population of 5,876, only 138 people submitted themselves for inoculation.

KYAIKTO (5'14).—As was pointed out in last year's report plague has become endemic in this town and in 1932 cases continued to occur from January to August, all in the bazaar quarter. February and March were the worst months. It is reported that, unlike previous years, the municipal committee failed to maintain a plague gang on the score of lack of funds and as only 90 persons were inoculated the efforts made to stop the disease can only be regarded as inadequate and fainthearted.

GYOBINGAUK (4'95).—The outbreak of July 1931 continued until March and caused 38 deaths. All the cases were indigenous.

MAGWE (4'51).—Here also, last year's outbreak continued until the end of March and resulted in 37 deaths.

ZIGÔN (4'42).—The disease was confined to the months of January and February and accounted for 28 deaths. In these two months 434 inoculations were done.

MÔNYWA (4'17).—Though the outbreak was less severe than last year's (when there were 97 attacks and 73 deaths) still 51 attacks and 45 deaths were recorded in the early months of the year. A total of 1,814 antiplague inoculations were performed. A heavy mortality among the rats was evident before the people got infected.

30. Antiplague Measures. (a) RAT DESTRUCTION.—The total number of rats destroyed in the Province during the year was 683,682 compared with 626,398 in 1931. As in past years the vast majority, *viz.*, 647,088, were killed in the Rangoon Corporation area. Except in the Hlegu Health Unit area and the Northern Shan States, no rat destruction was reported to have been carried out in the rural areas. Besides Rangoon, other towns from where a certain amount of rat destruction was reported were Wakèma (9,691), Syriam (6,954), Moulmein (4,063), Henzada (3,826) and Bassein (2,034).

(b) INOCULATION.—During the year 56,015 people were protected by antiplague inoculation compared with 71,946 in 1931. Of this year's total, 17,836 were done in rural areas and 38,179 in towns. The highest inoculation figures were :—

Districts.—Meiktila (5,439), Thatôn (2,258), Pegu (1,667), Tharravaddy (1,656), Sagaing (1,612), Insein (1,567), Prome (1,437) and Myitkyina (1,306).

Towns.—Mandalay (10,692), Yenangyaung (2,120), Bassein (2,017), Henzada (1,979), Yamèthin (1,968), Prome (1,853), Paungde (1,835) and Mônywa (1,814).

The other preventive measures adopted were the general cleaning of houses and streets, disinfection of infected houses, segregation of

cases and contacts and in a few instances voluntary evacuation of houses.

Statements II
and IX.

31. Fevers (Provincial) (6'27).—There was an increase of 0'05 in the death rate compared with 1931 but a decrease of 0'77 compared with the five-year mean. "Fevers" accounted for 36'24 per cent. of the total deaths. Mortality from this group of diseases was at its highest in December and lowest in June.

Statement
VI-A and
Chart VII.

Fevers (Rural) (6'67).—There has been a rise of 0'07 in the death rate compared with last year but a decrease of 0'72 compared with the five-year mean. Headmen are inclined to record all cases, with rises of temperature from whatever cause, under this head, so that this becomes by far the most predominant disease group (42'23 per cent.) in the rural areas. *High rates have been recorded from* Minbu (14'23), Shwebo (13'14), Pakôkku (11'34), Kyaukse (11'18), Akyab (10'45), Mandalay (10'31), Sandoway (10'26) and Prome (10'01). All these districts are highly malarious.

INFLUENZA.—Although influenza is not a notifiable disease in the rural areas, reports of severe outbreaks are received now and then from districts. In the village of Yedwingon in Insein district there were 17 deaths from influenza and the District Health Officer, at the time of his visit on the 22nd November, saw 29 people suffering from various stages of the disease in one of its hamlets. There were about 80 people suffering from influenza in the whole village-tract. In this village a small committee of Karen gentlemen did creditable work in alleviating the suffering of the patients. They obtained the services of two doctors, two nurses and a ward servant from Rangoon during the height of the outbreak. Another outbreak of influenza was reported from Ywathit. Htandawma village in Myingyan township. In this village of 150 houses there were 300 attacks with 34 deaths. The disease started about the middle of December 1932 but information about the outbreak was sent to the District Health Officer only on the 15th February 1933, by which date the epidemic had subsided. In the Chin Hills, it is reported that there was an outbreak of influenza in mild epidemic form in the months of November and December.

Statements
VI-B and
and VI-B(u)
and Chart
VII.

Fevers (Urban) (3'28).—The death rate shows a fall of 0'08 compared with last year and 1'12 compared with the five-year mean. Comparatively detailed statistics regarding deaths from fevers are available in towns. Of 4,618 deaths from fevers, 1,725 were ascribed to malaria, 2 to blackwater fever, 7 to kala-azar, 395 to enteric, 14 to cerebrospinal meningitis, 16 to chickenpox, 96 to measles, 13 to whooping cough, 83 to influenza, 12 to diphtheria and the balance of 2,255 to "other fevers." The incidence of malaria in towns is discussed in a special chapter.

INFLUENZA (0·06).—Only 20 towns returned deaths under this head. The highest death rate of 1·68 was recorded in Allanmyo, where 21 deaths were ascribed to this cause. There were 59 attacks of influenza with no death in Tharrawaddy. Statement VI-B(a).

TYPHUS.—Four cases of typhus occurred in Rangoon city during 1932, all of whom were admitted into the Rangoon General Hospital. The diagnoses were confirmed by the Weil Felix reaction with X 19 culture.

32. Enteric Fever (0·28).—The highest death rates from enteric were recorded in Allanmyo (2·88), Moulmein (1·05), Tharrawaddy (0·84), Moulmeingyun (0·77), Ngathainggyaung (0·74), Maymyo (0·61), Mandalay (0·60) and Pyinmana (0·57) towns. Statement VI-B(a).

THARRAWADDY (0·84).—There were 22 attacks with 6 deaths in 1932. Of these, 2 attacks and 1 death occurred in the Central Jail, the remaining 20 attacks with 5 deaths occurring amongst the civil population of the town. The outbreak started in May and continued up to October. Eighteen cases were admitted into the hospital of whom three died.

MAYMYO (0·61).—Thirteen deaths were reported compared with 6 in 1931 and 6 in 1930. The Health Officer writes "Although careful enquiry was made, the infection could not be traced to any definite source. The cases reported during the year were sporadic in nature and not limited to any particular quarter of the town. Infected surface wells and fruit were suspected to be the cause of some of the cases."

MANDALAY (0·60).—In the town there were 194 attacks of enteric with 89 deaths compared with 143 attacks and 90 deaths in the preceding year. The Health Officer remarks "From the large increase in the number of attacks with hardly any corresponding difference in the number of deaths, it may be concluded that there has been better registration of cases during the year under review. A circular letter issued in the month of July to all medical practitioners and institutions in the town, reminding them of their obligation to report enteric cases promptly, was no doubt responsible for the striking rise in the figures of enteric incidence recorded subsequently. A similar circular was issued in 1931 by this department, but late in October, with a similar result. It may be noted also that a larger number of cases was reported from the general hospital during the year under review than in the preceding year." The chief preventive measures adopted were treatment of all wells in the vicinity of infected houses with tropical chloride of lime and the issue of a circular letter to all schools, public offices mills and other large places of business advising inoculation with T.A.B. vaccine. People who could afford to pay were required to defray the actual cost of the vaccine, while those who could not afford were inoculated free of charge. The response from the general public was poor.

Statements II
and X.

33. Dysentery and Diarrhoea (Provincial) (0·43).—The death rate shows an improvement of 0·07 compared with last year and 0·27 compared with the five-year mean and is the lowest on record. As usual the largest number of deaths was registered during the month of July.

Statement
VI-A and
Chart VII.

Dysentery and Diarrhoea (Rural) (0·31).—The death rate shows a drop of 0·04 when compared with last year and 0·19 when compared with the five-year mean. Comparatively high rates were recorded in the districts of Pakôkku (0·74), Pyapôn (0·59), Mergui (0·55), Kyaukpyu (0·51), Lower Chindwin (0·50), Amherst (0·47), Akyab (0·43), Myaungmya (0·43) and Hanthawaddy (0·42).

CHIN HILLS.—There was a severe outbreak of bacillary dysentery in the months of May and June. The District Health Officer states that the majority of the Chins affected failed to come for treatment and that, in most of the villages visited by him, the patients refused to be treated, preferring to trust to nat worship.

Statements
VI-B and
and VI-B (a)
and Charts
VI and VII.

Dysentery and Diarrhoea (Urban) (1·31).—Here there was a decrease of 0·30 in the rate when compared with last year and 0·86 when compared with the five-year mean. Comparatively high rates have been recorded in Gyobingauk (6·12), Yenangyaung (4·14), Ye-U (4·01), Moulmeingyun (4·00), Pyu (3·97), Zigôn (3·16), Ngathaingyaung (2·97), Pegu (2·77), Myitnge (2·11), Myaungmya (2·06) and Thatôn (2·02).

Statements
II and XI.

34. Respiratory Diseases (Provincial) (0·98).—The death rate is 0·01 below last year's rate and 0·06 below the five-year mean. The largest number of deaths was recorded in the month of November and the lowest in the month of May. As usual there was a marked preponderance of male over female deaths in the proportion of 144 : 100.

Statement
VI-A and
Chart VII.

Respiratory Diseases (Rural) (0·33).—The death rate is 0·01 below that of 1931 and the number of deaths recorded is the second highest in the past ten years. Lower Chindwin district has recorded a very high death rate from this disease group both last year (3·00) and this year (3·10). The District Health Officer, Lower Chindwin, remarks "I am not prepared to believe that the incidence of respiratory diseases has so much increased as to account for over 1,117 deaths in 1931 and 1,154 in 1932 compared with 80 deaths in 1930. The true explanation seems to be that while previously all deaths amongst infants and children were returned as "*Thungena*" (child-disease), a vast proportion of these is now returned as due to respiratory diseases. I therefore maintain that the increase is due to improvement in the

registration of the causes of deaths amongst the infants and children."

Other districts returning relatively high rates are Prome (1.13), Mergui (0.75), Amherst (0.74), Akyab (0.57), Yamèthin (0.53), Bassein (0.51), Tharrawaddy (0.39) and Pyapôn (0.39).

Respiratory Diseases (Urban) (5.92).—The death rate has remained steady being only 0.01 below the rate for the year 1931. The urban death rate from respiratory diseases is nearly 18 times that of the rural and the contrast between the ratios is very striking. Undoubtedly urban conditions favour the spread of this disease group, but if more accurate diagnosis were possible in the rural areas the rural rate would be higher. Of 8,344 deaths recorded under this group, 2,104 or 25.21 per cent. have been ascribed to pulmonary tuberculosis, 3,954 or 47.39 per cent. to pneumonia and the balance of 2,286 or 27.40 per cent. to other diseases of the respiratory system. The provincial urban ratio for *pulmonary tuberculosis* is 1.49 and the highest rates during the year are recorded from the towns of Tharrawaddy (3.23), Yenangyaung (3.06), Thamaing (2.83), Kawkareik (2.74), Paungdè (2.60), Mônywa (2.50), Myaungmya (2.32), Kyaiklat (2.25) and Letpadan (2.22).

Statements
VI-B and
VI-B(a) and
Chart VII.

MAYMYO (6.70).—Pneumonia accounted for 107 deaths compared with 78 in 1931. Most of the cases occurred among the poorer class of labourers whose work exposed them to cold and chill.

KYAIKLAT (4.50).—The Health Officer states that tuberculosis is common among Burmans and Chinese in this town and he draws attention to the combination of insanitary overcrowded conditions of living combined with the humidity of the climate. He states that the Chinese are mostly affected and suggests that a lowered vitality due to opium consumption is accountable for this.

KYAUKSE (4.35).—Respiratory diseases are said to be common amongst infants and old people especially during the winter. A child welfare centre has been opened and should help in bringing about a diminution in the incidence amongst the babies.

SHWEBO (3.01).—The Health Officer reports that tuberculosis appears to be increasing from year to year. Twenty-five patients were admitted to the hospital for this disease compared with five cases last year. The Deputy Commissioner remarks "The dust in the dry months is dreadful. The nuisance is increased by the hordes of cattle allowed in the town."

35. Beri-beri (Rural).—

UPPER CHINDWIN.—Beri-beri has been common for some years in certain parts of this district. Valuable information has been obtained from the Bombay Burma Trading Corporation, Limited, regarding its

occurrence, for their forest personnel have been affected from time to time. In 1932 on the recommendation of this Department, an issue of dry yeast was made to some of the employees and the results, although not conclusive, were certainly encouraging.

TOUNGOO.—The District Health Officer states that in his opinion the disease is fairly prevalent in the district. Unfortunately we have no statistics for rural areas owing to the difficulties of diagnosis by headmen.

MERGUI.—Beri-beri is reported as being prevalent among the Telugu coolies, who live on a very low diet.

KYAUKPYU.—This district which in the past has suffered heavily from beri-beri in epidemic form was spared such an outbreak in 1932. The value of dry yeast has been appreciated here and a number of the inhabitants purchased it for themselves.

Statement
VI-B (a).

Beri-beri (Urban) (0·12).—The death rate shows a slight increase of 0·01 when compared with last year but a definite decrease of 0·14 when compared with the five-year mean. Twenty-five out of 71 towns have recorded deaths compared with 16 last year. Comparatively high rates have been returned from Ngathaingyaung (0·74), Mergui (0·54), Kanbe (0·46), Thamaing (0·35), Syriam (0·33), Myanaung (0·33), Chauk (0·31) and Rangoon (0·24).

MERGUI (0·54).—Beri-beri occurs here annually, but the disease was not exceptionally prevalent in 1932. Only 11 deaths occurred during the year compared with 22 in 1931. The Telugu coolie was the chief sufferer but in a few cases the Burmese labourer was also affected.

SYRIAM (0·33).—It is reported that 19 cases were admitted as inpatients in the local hospital and that nearly all were undernourished coolies, who had been unable to obtain employment for periods of six months or more.

RANGOON (0·24).—There was 1 death from epidemic dropsy and 97 from beri-beri. Of these, 65 deaths were reported from hospitals. The largest number of deaths, *viz.*, 81 were among Hindus; Mohamedans and Malays came next with 8 deaths, while Buddhists accounted for 6 and Christians for 2 deaths.

TOUNGOO (0·22).—There were 21 attacks and 5 deaths from this cause during the year. All the cases were imported from outside the town and were mostly mahouts from the local forest tracts.

MYITKYINA.—There were 23 indoor and 36 outdoor cases compared with 37 indoor and 11 outdoor cases last year. The Health Officer remarks "Beri-beri is mostly confined, in my opinion, to the poorest class of Chinese coolies in this area."

BERI-BERI IN LOCKUPS.—Beri-beri continued to occur in lockups and as a result a circular letter was issued by the Inspector-General of Civil Hospitals, Burma, requiring subassistant surgeons in medical

charge to submit to the civil surgeon a weekly report in regard to the health of the undertrials and to report immediately the occurrence of a case or suspected case of beri-beri. The Assistant Inspector-General of Police issued a circular memorandum in the Police Gazette drawing the attention of all District Superintendents of Police to their duty to look after the health of the prisoners in the police lockups and to see that the prisoners are given regular exercise, baths and sufficient blankets at nights. Advice was given in the memorandum to avoid overcrowding in lockups and to allow bail whenever possible.

36. Goitre.—There are certain areas in which this disease is highly prevalent, notably Pakôkku, Katha and Bhamo districts and the Shan States. No progress has been made in special prophylactic measures. Health Officers generally report that it is difficult to get people to come for treatment, although in the Mogôk and Thabeitkyin hospitals there has been an appreciable increase from 178 goitre patients in 1930 to 544 in 1932.

37. Yaws.—

MERGUI.—The disease which up to now has been mostly confined to the Salons, Siamese and Malays in the Victoria Point subdivision and Bokpyin township is said to be spreading among Burmans and Karens living in insanitary conditions in the Tenasserim township. The Deputy Commissioner's Local Fund gave a special allotment for the treatment of yaws cases and it is reported that a considerable number of patients who attended the hospital were practically cured after three arsenical injections. A special subassistant surgeon from the Medical Department was sent on tour in the Tenasserim township for the survey and treatment of yaws cases. He treated 235 cases from the 22nd April to 9th May and 114 cases from the 11th December to 28th January 1933. As the disease is said to be very prevalent in the upper reaches of the Tenasserim river, the Mergui District Council and the Deputy Commissioner, Tavoy, have arranged to share the cost of extending the survey and treatment to those areas.

MANDALAY.—A number of yaws cases was found in the villages of Singu township by the Assistant District Health Officer, especially in Ngwedaung, Nyaungwun and Shwepyi villages. The Assistant District Health Officer is continuing his survey and has recorded the number of cases in each village. Arrangements are now being made with the authorities concerned for the treatment of these cases.

LOWER CHINDWIN.—As pointed out in previous reports, the disease is prevalent in Kani township and a few cases are met with in Yinmabin township. It is reported that Kani village and its neighbourhood have been practically cleared of the disease by suitable treatment, but that those residing further away from the Kani hospital have not yet been

touched, except the few who have taken the trouble to come to the hospital of their own accord.

CHIN HILLS.—Eighty-three cases of yaws were treated in the hospitals. It is reported that the Chins have great faith in treatment by arsenical injections.

38. Leprosy.—The policy of tackling the leprosy problem by a P.T.S. (Propaganda, Treatment and Survey) campaign came into force in 1932. The Special Leprosy Officer started the work in Minbu district and spent four months there. He firstly enlisted the support of the influential Burmans in the area and through magic lantern lectures and pamphlets explained the meaning of the proposed survey. As a result he was able to examine 19,499 persons, among whom he found 347 suffering from leprosy in various stages. This gives an incidence of 17·80 per 1,000 population and is in strange contrast to the information given in the 1931 census that lepers in that area are 1·14 per 1,000 population. Leprosy clinics were opened at Minbu, Salin, Sinbyugyun, Sagu and Pwinbyu. The local subassistant surgeons were instructed in the diagnosis and treatment of the disease, and when the Special Leprosy Officer left the district, it was hoped that the same standard of work would continue. This unfortunately did not prove to be the case as, for one reason or another, the attendances fell away from a total of 101 to 13 at the end of the year.

A second survey was carried out in Meiktila, which revealed an incidence of 16·57 per 1,000 population examined. Clinics were opened at Mahlaing, Meiktila, and Thazi, but, as in Minbu district, the attendances were not maintained after the departure of the Special Leprosy Officer.

Finally in October a survey was started in the Hlegu Health Unit area and in this work Dr. I. Santra of the British Empire Leprosy Relief Association, India, whose services were very kindly lent to us, collaborated with our Special Leprosy Officer. An intensive survey showed a leprosy incidence of 13·93 per 1,000 population. A clinic was established at Hlegu and by December an average daily attendance of 40 was reached. The clinic was held twice a week. Since then the standard of work at Hlegu has been maintained and it is encouraging that a number of lepers voluntarily reported themselves for examination and treatment at the clinic.

The experience at Hlegu has shown us that permanent results cannot be hoped for except when the Special Leprosy Officer spends about four months in establishing a clinic and in gaining the confidence of the population from whom the patients are to be drawn. For that reason the Special Leprosy Officer has returned to Minbu and at the time of writing is reorganising the clinics there on more permanent foundations.

The incidence of leprosy in the three areas surveyed, which gave an average of 16·49 per 1,000 population examined, gives some idea of the size of the leprosy problem in Burma and at the same time emphasizes the necessity for active and effective measures in dealing with it. It is not suggested that the ratio per 1,000 of the people examined applies to the population of the whole Province. If it did, it would give a total of 241,537 lepers in Burma. What the surveys have shown is that the census figure of 0·76 per 1,000 population in no way represents the incidence of the disease. It is obvious that there will be plenty of work for some time to come for the Special Leprosy Officer and that an increase in the number of trained workers is an immediate necessity if the leprosy scheme is to be pressed forward.

The treatment adopted was on the lines laid down by Dr. Muir of the Calcutta School of Tropical Medicine and Hygiene. A mixture of ethyl esters of hydnocarpus oil with pure hydnocarpus oil and creosote was used for injections. Trichloroacetic acid was applied externally and potassium iodide in graduated doses was administered internally. In addition, advice was given regarding measures to improve the general health of the patient.

LEPERS ENTERING BURMA BY SEA.—During the year 13 lepers from Indian Ports disembarked at Rangoon. Nine of these were allowed to go to their residence and four were sent to a leper asylum. No leper is reported to have entered Burma through any of the other ports.

MONYWA LEPER COLONY.—This colony is run by a local committee and consists of 10 acres of land with 6 cottages. Each cottage accommodates 8 patients, and 3 cottages are allotted for males and 3 for females. The inmates work the land themselves and during the year produced crops of paddy, paddy-ngo, sesamum and millet. Fresh vegetables were also grown.

The chief sources of income were contributions from the Lower Chindwin District Council, Môngywa Municipal Committee, the Burma Leprosy Relief Association and private subscriptions. The total expenditure during the year was Rs. 1,575-11-9 mainly on account of provisions and clothes for the inmates, who varied in numbers between 41 and 50 during the year. They received treatment at the Government Leprosy Clinic, where outside patients were also treated. The average attendance at the clinic was 70. Of a total of 121 cases treated during the year, 49 were new cases and 72 were old cases. The President, Leprosy Relief Committee, Môngywa, remarks "No special measures for propaganda work were taken during the year, but with the successful treatment of the disease, and the comparatively comfortable life enjoyed by the patients living in the colony, the popularity of the clinic and the colony is increasing, and the numbers would have rapidly increased had there been funds to accommodate and feed more patients in the colony."

39. Venereal Disease.—No statistics, other than those of attendance at hospitals, exist for the estimation of the prevalence of this group of diseases.

SYRIAM.—In this big industrial centre 567 cases of venereal disease were treated at the hospital. All treatment including arsenical injections was given free and every facility was afforded to encourage attendance for a sufficiently long course.

MAUBIN.—The free venereal clinic appears to be growing more and more popular as the number of cases treated therein has increased from 543 in 1930 to 730 in 1931 and 965 in 1932.

MERGUI.—The number of patients treated in the venereal clinic has increased from 467 in 1931 to 792 in the year under review. The Civil Surgeon ascribes the increase to the number of patients who on account of the industrial depression now seek free treatment rather than go to a private practitioner.

MINBU.—The number of cases treated for venereal disease in the civil hospital has increased from 184 in 1931 to 332 this year.

SALIN.—Venereal disease is said to be more prevalent and is ascribed to the importation of a large labour force in the vicinity of Salin working in the new Salin canal.

MYINGYAN.—The hospital admissions for this group of diseases show a decrease when compared with last year. The Health Officer remarks "Even after so many years of propaganda, patients seldom undergo a complete course of treatment and this defeats the object of the venereal clinic."

MYITKYINA.—Venereal diseases are said to be very prevalent among the Kachin population. Treatment is only sought for in the worst cases and these leave hospital as soon as the urgent symptoms abate. It is reported that the bulk of the population seem to regard venereal disease with indifference.

LASHIO.—Gonorrhœa and syphilis are said to be largely contracted at the gambling waings and at festivals, which attract many prostitutes.

40. Rabies.—The death rate was 0·0250, compared with 0·0185 last year and 0·0207 the five-year mean. At the Pasteur Institute, Rangoon, 1,277 persons had a complete course of preventive treatment. A few particulars are available from towns.

AKYAB.—During the year 810 stray dogs were destroyed and for this purpose one dog poisoner and two coolies were employed for two months. The municipal committee's new byelaws for regulating the keeping of dogs within municipal limits were confirmed by the Local Government.

KYAUKPYU.—A few cases of dogbite occurred in the town and two men were sent to Rangoon for anti-rabic treatment. A total of 203

dogs was destroyed under the supervision of the public health inspector.

MYAUNGMYA.—No death was reported from rabies but 15 persons bitten by mad dogs were sent to the Pasteur Institute, Rangoon, for treatment.

PYAPON.—Poisoning of dogs was carried out by a sweeper specially employed for the purpose.

MERGUI.—The number of stray and ownerless dogs destroyed during the year was 311.

TOUNGOO.—No dog killing was carried out as the municipal committee objected to it on religious scruples. Many complaints about mad dogs were received from the public and nine persons who had been bitten by rabid dogs were sent to Rangoon for treatment.

MAYMYO.—No death from rabies was reported in the town but 22 cases of dogbite were treated at the civil hospital. The dogs that had bitten the patients were kept under observation for ten days in the dog kennels provided by the committee. In none of them did rabies develop. As in previous years a municipal dog shooter was employed throughout the year to shoot stray and collarless dogs. Licensing and registration of all dogs in Maymyo have been carried out for a number of years under special byelaws framed by the committee.

SHWEBO.—A family of five members from Kanbalu and three others bitten by rabid dogs were inoculated with vaccine obtained from the Pasteur Institute, Rangoon. Two persons were sent down to Rangoon for treatment. It is reported that measures were taken to poison stray dogs in the town.

SAGAING.—As pointed out by the Commissioner, Sagaing division, although there are far too many dogs in the town, only 20 were reported to have been killed.

KALAW.—The number of dogs destroyed was 118 and two cases of dogbite were sent to the Pasteur Institute.

TAUNGGYI.—During the year 477 stray dogs were destroyed by poison and 8 patients were sent to the Pasteur Institute for treatment.

41. Lead Poisoning.—The routine examination of all employees exposed to the danger of lead poisoning in the Burma Corporation, Limited, Namtu, was continued throughout the year. Two cases of suspected lead impregnation were reported in 1932. Both were Chinese coolies working in the smelters, and they were at once removed from further risk by being given a complete change of work.

CHAPTER V.

Urban Sanitation.

42. Health Staff.—This varies in different towns and includes health officers (wholetime or part time), public health inspectors, vaccinators and conservancy coolies. Of the 58 municipalities in Burma, 15 have a population over 20,000; 12 range between 10,000 and 20,000; 31 have a population below 10,000. Of the first group, 9 employ wholetime health officers, and of the second group only 1 town employs a wholetime health officer, namely Paungdè. Of the third group only 2 towns employ wholetime health officers, namely Nyaunglebin and Thayetmyo.

Up to the year 1930 a scheme for the provision of wholetime health officers in municipalities was in force, whereby Government provided half the officer's pay. Financial stringency led to the reduction of Government's contribution and in the year under review Government's financial aid consisted of a contribution of approximately Rs. 500 to each of the following municipalities :—Henzada, Prome, Pegu, Nyaunglebin and Thayetmyo. It is obvious that a town with a population of over 20,000 must have a qualified health officer on wholetime duty, if the municipal committee has any aspirations towards raising the standard of the public health in the place. The public health work in towns between 10,000 and 20,000 population requires the wholetime services of at least a subassistant surgeon, but some of the municipal committees concerned have represented that their financial condition will not permit of such a wholetime appointment. A part time health officer is considered sufficient for towns of under 10,000. A scheme has, therefore, been drawn up and is now being discussed, whereby the subassistant surgeon in the local hospital or dispensary shall be appointed as a part time health officer in all towns under 10,000 population. It should be mentioned that in a very small number of these towns this arrangement is already in force in so much that full control of the health staff has been delegated to the local medical officer. It has been decided to take the case of each of the towns between 10,000 and 20,000 population on its merits. It is hoped that before long the towns over 20,000 which are without a wholetime health officer will have remedied this omission. Until each town has a responsible health officer, possessed with powers which will enable him to extract efficient work from the health staff, it will be difficult to make any genuine forward movement towards improving the general standard of urban sanitation.

Under Section 34D of the Burma Municipal Act every municipality is supposed to employ a public health inspector. Eight towns have not yet complied with this requirement.

43. Water Supplies —

AKYAB.—In recent years the water supply of this town was in a very critical condition as the pipe system had extensively deteriorated and was in imminent danger of a complete breakdown. Akyab has, however, got a progressive municipal committee, and in October 1932 the question of relaying the pipe line was tackled. An engineer with a specialist training in water supplies was engaged and by the end of the year the plans were ready and tenders had been called for. Since then the first part of the work, namely the relaying of the big main and of the pipes in the main streets, has been completed and tenders have been called for to extend the distribution to the smaller streets.

Thus the disaster with which Akyab has been threatened in recent years has been averted and the municipal committee are to be heartily congratulated on the determination and the activity which they have shown in removing this threat from the town.

KYAIKLAT.—In last year's report it was stated that the committee had allotted Rs. 35,000 for their water supply scheme calculated to cost Rs. 70,000 and that the committee then hoped to start the work in 1932. On being asked to place the sum of Rs. 35,000 at the disposal of the Superintending Engineer, Public Health Circle, the committee got apprehensive about imposing a new tax for the maintenance of the water supply. The members considered the present time to be inopportune to make the townspeople bear an additional tax and the question of the water supply has since remained in abeyance.

MAWLAIK.—The civil station of this town was previously supplied with water pumped from a well near the river, but in the last three months of the year the supply was unsatisfactory owing to the breakdown of the pumping plant. The local committee has solved this trouble by sinking shallow wells in different parts of the area concerned. This may solve the difficulty regarding quantity but it is doubtful whether the supply can be regarded as altogether safe, as shallow wells are notoriously liable to pollution.

LASHIO.—In Lashio there are two reservoirs, one with 360,000 gallons capacity and another constructed in 1931 of 750,000 gallons capacity. Water is conveyed from the larger to the smaller by an open kutchra drain thus causing loss by soakage and evaporation. During the year the capacity of the larger reservoir was enlarged and the town committee allotted Rs. 5,500 for the purpose of connecting up the reservoirs with a reinforced concrete pipeline.

PEGU.—The Health Officer draws attention to the necessity for metering the supply in this town owing to the large waste of water which occurs.

LETPADAN.—There are two tube wells in the municipal compound and another in the railway compound. Complaints were received regarding the insufficiency of the water supply. An inspection by the

Public Health engineering authorities revealed that the insufficiency was due to the installation of taps in several private houses, extra to the number provided for in the original specifications of the water supply. The absence of self-closing taps in the streets accounted for a considerable amount of waste. The committee is reported to be investigating the matter with a view to finding a remedy for the shortage.

MYINGYAN.—In this town serious difficulty occurred with the pumping plant which failed on three occasions from 10th April to 15th April, 17th April to 19th April and 26th July to 30th October 1932. The breakdown in the height of the hot weather was unfortunate and caused grave anxiety. The health authorities took active precautions to prevent the outbreak of waterborne disease. When the breakdown occurred some disused wells were rapidly cleaned and were chlorinated before they were opened to use by the public. Water was also obtained from the wells in the jail. The Health Officer states that the wastage of water through leaving taps open while people bathe or wash clothes is enormous, resulting in stagnation of the water in pools and drains in the neighbourhood, and contributing largely to mosquito breeding.

MAGWE.—As reported last year the water works were completed some years ago except for the pumping station. During the year 1932 the people had to carry on with a supply from shallow wells and from the river. Since then, however, arrangements have been made for the municipality to raise a loan for the completion of the water supply scheme, and it is hoped that the water troubles of Magwe will come to an end within a reasonable period from now.

BASSEIN.—The water supply of this town has been the subject of much thought and discussion over many years. Tube wells sunk outside the town gave an adequate supply of water but unfortunately it was regarded as unpalatable by the townspeople. The Geological Department has thrown valuable light on Bassein's water problem and has shown that there are two waterbearing strata underneath this town. One is a bed of gravel at a depth of about 100 feet and another a gravel bed at a depth of about 200 feet. It is in the latter that the tube wells giving unpalatable water have been sunk. A tube well sunk in the upper layer has however given sweet water and a proposal is now under consideration for the construction of a sufficient number of wells in the upper gravel layer. Investigations were carried out regarding the suitability of the river as a water supply. For 10 months of the year the chemical results were very favourable, but from the 15th March to the 15th May the salinity of the water increased to such an extent that it became altogether unsuitable.

MANDALAY.—During 1932 the supply of water from the four tube wells was inadequate for the needs of the town, and a portion of the

population had to use water from the surface wells, from the river and from the moat. One disused tube well was reopened in the Mingalazé area and was worked in conjunction with the existing tube well nearby. Other improvements included the installation of a new overhead steel tank of 20,000 gallons capacity and the replacement of the education and air pipes at the tube well near 82nd Street and 29th Road junction, thereby increasing its output.

Schemes for an adequate water supply in Mandalay have been drawn up and of these the Irrawaddy River Intake Scheme is regarded as the best. As the Health Officer remarks "It appears that the adoption of the scheme will have to await a more affluent state of the municipal exchequer. In the meantime, the municipality has to make the best use of the existing arrangements which obviously make impossible a satisfactory control of the incidence of water borne diseases."

44. Conservancy.—During the year motor transport for night conservancy work was introduced at Wakema. In Mandalay, where day conservancy is carried out by bullock transport, the results of an experiment to determine the efficiency of motor lorry transport for this work failed to convince the committee that a change was desirable.

In Prome an effort was made to carry out the removal of nightsoil by day, but apparently the sweeper staff gave trouble and the experiment was abandoned. The municipal committee tried to get sweepers from elsewhere but were not successful. The sweepers' opposition to the system is ascribed to the fact that they preferred to work for the municipality by night and to work for private owners by day; the failure of the experiment shows how much the committee are at the mercy of the sweeper personnel. An incident like this also illustrates the increasing necessity for taking some steps in this country to provide a conservancy system other than the traditional method of removal by sweepers.

The contract system of conservancy disposal has been frequently tried out in towns in Burma and has almost invariably proved unsatisfactory. In 1932 the Insein municipal committee cancelled their conservancy contract and carried out the work departmentally with the result that the work was reported as satisfactory. In Letpadan the work was given out to contract, but it was found unsatisfactory in many ways and the committee returned to the original departmental system. The Toungoo committee intend to change to the departmental system when the present contract expires.

In Pyapôn the night conservancy system has been very unsatisfactory for some years and the committee in 1932 at last took the matter in hand and drew up a scheme. It is hoped that in the next report it will be possible to record an improvement in the night conservancy in Pyapôn.

In Maymyo a new pail depôt was established at Nyandaw quarter and a dumping tank was built leading from here to the main covered sewer. Unfortunately it has not been possible to bring it into use until satisfactory arrangements can be made for providing an adequate water supply to carry out the necessary cleansing operations.

CHAPTER VI.

Rural Sanitation.

45. Health Staff.—Under the Burma Rural Self-Government Act of 1921, District Councils were made responsible for the improvement of sanitation and for the protection of the health of the public, including the prevention of the spread of contagious and infectious diseases among human beings. To discharge this responsibility, a District Council naturally requires a trained and adequate staff. In only three districts, *viz.*, Akyab, Myaungmya and Pyapôn is a full time health officer employed at present. In the other districts, the Civil Surgeon is, in addition to his multifarious other duties, carrying out the duties of part time health officer of the district. Apart from health officers, the staff employed by District Councils is made up of public health inspectors, inspectors of vaccination, vaccinators and conservancy coolies. A public health inspector is expected to tour his rural area and in addition to checking and supervising the work of the subordinate staff, he is expected to advise the village headmen on the steps necessary for improving the sanitation of the villages. There are still five District Councils which do not employ a public health inspector.

For rural areas outside the jurisdiction of the District Council, the Deputy Commissioner concerned employs a public health staff proportionate to the financial resources at his disposal. On the whole, public health staff in the rural areas can only be regarded as inadequate. The only rural area in Burma with what may be regarded as an adequate health staff is the Hlegu township where the Rural Health Unit operates. It is difficult, therefore, to expect much improvement in rural sanitation.

46. Housing.—In Lower Burma, as a general rule, villages are built on the main river or on one of the smaller creeks. As every inch of available land is used for paddy cultivation, the houses are built on the foreshore, the first row of houses usually overhanging the banks of the river or creek which very frequently fulfils three functions, namely that of a highway, that of a latrine and unfortunately too often that of a water supply. The average house is single-storied and is built of bamboo and matting. The front of the house is usually either open or fitted with wide doors. The back and sides are usually closed and,

though ventilation may possibly be adequate, lighting is often insufficient. The more pretentious looking houses are, however, frequently reported to have insufficient ventilation and lighting.

In the Village Manual it is laid down that in a village situated near the bank of a river or stream no person shall build or rebuild a house within 40 feet of the bank, or if the water of the river or stream is ordinarily used for drinking purposes, within 100 feet of the bank. It is also laid down that no latrine shall be erected between the houses and the river bank. In many districts, this rule does not seem to have been enforced. The Deputy Commissioner, Maubin, has given special attention to the matter and he remarks "I have had both latrines and houses moved off the banks of streams all over the district, but in one or two old villages where the bank has eroded, houses are still built right on the edge of the bank." The rearing of cattle or pigs underneath the houses is a common occurrence. On the whole, the general standard of sanitation in villages can only be regarded as rudimentary.

47. Water Supply.—This is usually derived from a tank, from a well or from a river. In Lower Burma, the amount is generally adequate, but in the dry zone in the northern part of the Province the lack of water is often acutely felt, especially in the hot dry weather. A tank or well sufficiently protected to prevent pollution is the exception rather than the rule. As already mentioned, the river supply is frequently polluted owing to the river being used as a latrine. In these days of financial stringency it is difficult to press for any appreciable improvement. A recommendation to a District Council to sink a new well or to dig new tanks almost invariably meets with the reply that nothing can be done until finances improve.

48. Conservancy.—A headman is responsible for seeing that the villagers keep their village clean, but the importance of this is still far from being realised. It is stated that in the majority of cases rubbish is not removed from house compounds except at very long intervals and that animal droppings are not cleared from the streets or lanes for months on end. Some native superstitions run counter to public health measures, one of them being the fallacy regarding the harmful effect on an individual's health caused by the smell of burning matter. In this connection the District Health Officer, Pegu, remarks "A villager will look with equanimity upon a heap of rubbish in front of his house, but will protest vociferously against any one who sets fire to it for fear that the smell may harm his people."

Except in the big villages where the District Councils maintain a staff of sweepers there is no systematic removal of nightsoil in the rural areas. The more wealthy people have cesspits in their compounds, but the site is seldom changed and it invariably constitutes a

severe nuisance. The ordinary villager uses the fields or the jungle around his village as a latrine. Streets and lanes are usually fouled by the children.

It seems that a solution for this question of night conservancy in villages will eventually be found in the use of boredhole latrines. As stated in the last year's report, this type of latrine was introduced in 1931 in a certain number of towns, and in 1932 it was introduced in the village of Paung in Thatôn district. The result has been encouraging and it is hoped that District Councils will start to recognise the benefits conferred by this type of latrine and that an increasing number will be used from year to year.

49. Rural Health Unit.—Since the inception of the Health Unit in Hlegu township in 1929, each year has witnessed a steady improvement in the working efficiency of the staff and a gradual expansion of the scope of the Unit's activities. Two important developments in 1932 were the establishment of an antenatal clinic and a leprosy clinic at Hlegu. The latter has attracted patients from all parts of the township and the outlook of both clinics is very encouraging.

The registration of births and deaths has shown a steady improvement during the year and the figures appear to be consistent with actual occurrences. Calculated on an estimated population based on the census figure of 1931, the birth rate of 34·30 shows a decrease of 0·47 when compared with last year. In spite of the fact that an epidemic of smallpox occurred during the year the death rate of 21·02 shows a decrease of 0·97 when compared with the rate of last year. The infant death rate of 130·60 also shows a marked decrease. There were 20 maternal deaths in childbirth giving a ratio of 9·13 per thousand registered births; there were 91 still births giving a ratio of 4·16 per hundred live births. These rates may be taken as standards for the rural areas in the Province.

There were 372 cases of communicable diseases of which 91 were due to smallpox resulting in 25 deaths. The first case of smallpox was imported into Dabein in the early part of the year through the rail route, the patient having made the journey from Rangoon during the incubation period of the disease. This case was not reported by the headman concerned but was detected by the public health inspector on inspection. In a short while the disease spread to Hlegu and became widely scattered through the township. A second case which was imported into Kyungon by the Grand Trunk route from Rangoon was promptly segregated by the headman and the outbreak was effectively stopped. During the second quarter of the year another outbreak occurred in Wagyaung village in Paunggyi valley. There were 12,898 vaccinations performed during the year or more than double the number performed last year. The total number of vaccinations performed in

the township by the Health Unit since its inception is 27,537 or 43·13 per cent. of the present population. Notwithstanding this intensive amount of vaccination it is estimated that about 10 per cent. of the population still remains unprotected. It is this small proportion of the population that has made it possible for the recent sporadic outbreaks to occur. Of the minor epidemic diseases there were 141 cases of chickenpox and 128 cases of measles with 3 deaths.

Health education and propaganda constitute a main feature of the Unit's activities. Success in this field is being largely achieved by personal contact, group conferences, public lectures, lantern and school talks and cinema shows. The first number of the "Hlegu Health News" was issued to every village headman and school teacher in the district. As an initial measure in the training of health habits in schools, the Unit has supplied 5 schools with individual drinking cups, cup racks and water barrels. A beginning has been made in one school for giving practical demonstrations in health subjects with the aid of the microscope. For the study of the fly, a breeding box was constructed for the use of the school children and they displayed a very keen interest in the study of the various phases of its life-history. During the year lectures, lantern talks, cinema shows and school talks totalled 394 with an approximate total attendance of 23,893. The second annual Health and Sports Exhibition was held at Hlegu on March 10 and continued for three days. The function was attended by approximately 5,000 people and was acclaimed a distinct success.

During the year 207 houses in 6 villages were surveyed. On the whole 11,804 inspections were made of wells, tanks, latrines, eating shops, meat, fish and vegetable stalls, cowsheds, slaughter-houses and commercial premises. There is a marked improvement in the environmental sanitation of the larger villages where constant endeavours are made to develop sanitary methods for the protection of food and water supplies and for the proper disposal of refuse and sewage. The problem of a safe method of excreta disposal in the rural areas is being solved by the introduction of boredhole latrines.

The number of laboratory examinations was 1,102, the number of visits to clinics was 2,551, home visits by the nurse 4,946, antenatal visits by the midwives 2,289, deliveries 897 and post-partum visits 3,078. A weekly antenatal clinic was started at Hlegu in the month of September. There were 17 sessions at which 44 pregnant women attended with a total number of 78 visits. All the 41 registered schools in the township were inspected and a total of 2,097 school children were physically examined. Among them only 186 were found free from any physical defect. The remaining 1,911 or 91·13 per cent. had one or more defects.

In its capacity as a training centre, the Health Unit afforded facilities for practical training for a period of two weeks to 25 students of

the Public Health Inspectors' Training Class. At the request of the President, Taungdwingyi Municipality, one of their public health inspectors was given a complete practical course in boredhole latrine construction for a period of one week. A subassistant surgeon of the Provincial Public Health Department was deputed to the Unit to undergo a course of practical training for a period of one month and 39 students from the Medical School visited the Unit to observe the practical work carried on there. A first aid class was organised with 32 students on the roll ; 8 were eligible for the examination and 6 were successful in obtaining the certificate.

The period of three years for which the cooperation of the Rockefeller Foundation was assured expired on the 1st September 1932 and the Foundation, with its wonted generosity, has signified its willingness to cooperate in the work of the Unit up to the 31st March 1934. The Local Government has decided to continue the work of the Unit after that date as far as funds permit.

The Director of the Unit, Dr. J. F. Kendrick, M.D., returned from America on the 28th March. The rest of the staff remained unchanged during the year.

CHAPTER VII.

Malaria.

Statement
VIB (a).

50. Malaria.—Separate figures for deaths from this disease in towns have been available since 1920. According to these figures, the number of deaths ascribed to malaria in 1932 was the lowest on record. The rate shows an improvement of 0·05 compared with 1931 and 0·57 when compared with the five-year mean.

51. Antimalarial Operations.—Organised antimalarial measures were in force in the following places :—Kyaukpyu, Akyab, Kalaw, Lashio, Taunggyi, Bhamo, Syriam, Moulmein, Shwebo, Namtu, Hsipaw, Shwenyaung and Sahmaw.

KYAUKPYU.—Antimalarial measures, based on scientific principles, have been in force in this town since 1929 and the scheme which was then drawn up was diligently pursued during the year 1932. The control measures consisted of filling in borrow-pits, buffalo wallows, tanks, low-lying lands, the removal of old kazins where rice cultivation had been taking place, repairing the banks of streams and drains and regrading them. Oiling and treatment by Parisgreen of those places which could not be filled in was also carried out. A swampy area at the eastern end of the town, which was enclosed by a bund in 1931, was flooded daily by the tide and a complete transformation in the malaria conditions of that quarter resulted. Not alone was the breeding of

anopheline mosquitoes stopped but the tide deposited enough silt to raise the level of the marshy area.

These combined operations in Kyaukpyu have produced what can be regarded as most satisfactory results. The spleen rate of 75·3 which obtained in 1925 was reduced progressively to 31·25 in 1930, 18·05 in 1931 and 11·97 in 1932.

The success of the work in Kyaukpyu is due in a large measure to the active and practical interest taken by the local malaria committee and to the close supervision and efficient execution of the antimalarial measures by the public health staff. The Commissioner of Arakan division remarks "I do not think there is any doubt that a very real and valuable improvement has been effected by the antimalarial measures for the last few years. It is all important that the work should be continued."

AKYAB.—The reclamation of the old brick fields by filling them in with rubbish was continued throughout the year. A large tank was similarly treated. Some swampy areas were drained and the banks of streams and creeks were kept clear of vegetation. Oiling was carried out in pools and tanks which could not be reclaimed. The breeding grounds of anopheline mosquitoes have been appreciably reduced and it is satisfactory to note that the spleen rate of 17·32 in 1925 was reduced to 12·52 in the year under review.

KALAW.—A short survey of the incidence of malaria was carried out in this town during the year. The endemic malarial incidence was estimated at 6·37 per cent. Temporary antimalarial measures were undertaken consisting of oiling of borrow-pits, pools and drains, the filling in of low-lying grounds and the levelling of kazins. A specially trained public health inspector was put in charge of this work and it is proposed to have the area surveyed again shortly with a view to assessing any improvement which may have resulted. A hatchery of antilarval fish (*Gambusia*) has been established in Kalaw, firstly to assist in the destruction of the local anopheline mosquitoes and also with the object of distributing this species of fish to other malaria centres in the Province. The breeding is reported to be progressing satisfactorily.

LASHIO.—Jungle clearing, drain cutting and filling in of borrow-pits within the notified area of this town were carried out from June to the end of October. Oiling of breeding places was also undertaken. Sub-soil drainage, which has proved such an effective antimalarial measure in Lashio, was extended to the drain in the seepage area near the military police garden. Another seepage area was similarly treated. The total amount expended by the town committee on antimalarial measures during the year was Rs. 3,248. The antimalarial measures in Lashio have been definitely productive of benefit to the place. The spleen rate in 1926 was 66·66 ; in 1932 it was 17·35 in the area affected by the antimalarial measures.

TAUNGGYI.—Town refuse was utilised in reclaiming the swampy part of the town. Malariol was employed as a larvicide wherever breeding was detected.

BHAMO.—Here the Imperial Lake is a breeding ground of anopheline mosquitoes and the clearing of weeds was continued. The edges of the lake were oiled. Antimalarial operations continued for four months in the year.

SYRIAM.—Two hundred and sixty-one cases of malaria were treated in the Syriam hospital of which 109 were inpatients. The municipal committee instituted an antimosquito campaign by spraying all water collections with Malariol throughout the rainy season.

MOULMEIN.—A preliminary malaria survey was carried out during April of 1932 and malaria was found to be endemic in two small areas on the outskirts of the town. A scheme for the destruction of mosquitoes in these areas was drawn up which included oiling of drains and pools, the breaking down of bunds across streams and other channels and the filling in of cart tracks and pools on kutchra roads. Cinchona febrifuge tablets were administered to the inhabitants in the malarious area. It is still too early to expect any marked results.

SHWEBO.—A preliminary survey of this town was carried out in September 1932 and the town was found to have a spleen index of 0.01 per cent. Malaria therefore does not seem to be a problem in Shwebo.

NAMTU.—Here the Burma Corporation, Limited, have devoted a great deal of attention towards the prevention of malaria. The antimalarial measures consisted of oiling the breeding places of anopheline mosquitoes, and the area being oiled was largely extended during 1932. Quinine was administered to the Chinese labour as a prophylactic and the medical authorities state that the results were satisfactory.

SHWENYAUNG.—Here the spraying of oil on a limited scale was carried out, the expenditure being borne between the Sawbwagyi of Yawngghwe and the Burma Railways. To deal with the question of malaria in Shwenyaung will require more extensive measures than oiling, but owing to lack of funds it is difficult to make any progress.

SAHMAW.—Very satisfactory results have been reported from the sugar plantation which is run by Messrs. Finlay Fleming and Company, Limited. A subassistant surgeon and a public health inspector have been employed on antimalarial measures and regular and systematic oiling of the breeding places is said to have been scrupulously carried out. These measures have now been in force in Sahmaw for the last four years and a very satisfactory reduction in the spleen rate has taken place from 73 per cent. in 1929 to 23 per cent. in the year under review. Messrs. Finlay Fleming and Company, Limited, and their staff are to be congratulated on the result of their work.

52. Cinchona Febrifuge Tablets.—The total number of tablets sold during the year through the treasuries was 3,110,400, which was an increase of 280,000 over the sales of 1931. Eighteen districts registered an increase in the sales, but heavy decreases were noted in the following districts :—Northern Shan States (84,600), Yamèthin (26,200), Mandalay (24,400), Kyaukpyu (24,000), Minbu (20,400), Tharrawaddy (16,600), Thatôn (16,400), and Tavoy (15,600). The case of Kyaukpyu is partly explained by the fact that the antimalarial operations there make cinchona febrifuge much less necessary in the town than formerly.

A total of 119,000 tablets was distributed free in 12 districts compared with 220,200 tablets distributed free in 14 districts in 1931. The largest free supplies during the year were in the districts of Chin Hills (40,000), Mergui (20,200), Pakôkku (15,000), Tharrawaddy (10,000), Meiktila (10,000) and Myitkyina (9,000). In Minbu district, where the abnormal flooding of the Mon and Man rivers caused an increase in malaria, it is reported that through the encouragement given by the Subdivisional Officer, Salin, local subscriptions were raised for the purchase of cinchona febrifuge tablets.

The average consumption of cinchona febrifuge shows a slight increase from 0·86 grains per head of population in 1931 to 0·88 grains in 1932.

The largest consumption of 13·62 grains was in Bhamo. Mergui came next with a consumption rate of 3·66 grains. This district has a fever death rate of 8·78 which is high. In the districts of Minbu, Shwebo and Pakôkku, where the highest fever death rates were recorded, the rates of consumption were 1·08, 0·14, and 0·25 grains respectively.

Complaints had been received of the deterioration of the cinchona febrifuge tablets either through long storage in treasuries or through remaining unsold with retail vendors for a long time. As a result, the question of improving the packet and the tablets was taken up. The extra cost of improving the packing was met by reducing the number of cinchona febrifuge tablets in each treatment from 20 to 18. The Local Government has sanctioned this proposal as an experimental measure for a year.

CHAPTER VIII.

Maternity and Child Welfare.

53. Child Welfare Work.—While the growth of child welfare work in the Province during the year has not been spectacular, there has been nevertheless a steady advance in spite of the financial stringency which prevailed.

There are now seven trained health visitors working in various towns in Burma ; in six other towns a nurse is employed to do home

visiting on child welfare lines. In eleven towns a child welfare centre is in operation.

Three years have passed since the first health visitors returned, after training in India, to work in Burma. The work of these health visitors is now well established and it is pleasing to note that the results have proved as satisfactory as was hoped for. They are obtaining a response from the people and they have received support in a very satisfactory manner from the committees employing them. It is now clearly proved that only with a trained worker can infant welfare societies hope to achieve real good.

The need for the provision of trained health visitors is slowly but steadily becoming appreciated, and a number of child welfare societies which are willing to employ a health visitor are prevented from doing so only by the fact that no trained worker is available. The other main difficulty encountered in increasing the number of health visitors is that of defraying the cost of their salaries.

A satisfactory point in connection with the development of child welfare is that in all cases where a health visitor is employed the local municipality contributes towards her expenses. This help is not always adequate, but it is to be hoped that, as the value of her services becomes better appreciated, all municipalities will undertake to bear their share of the cost of employing a health visitor and conducting a child welfare centre.

The requirements for the development of child welfare in Burma remain unchanged, namely the need for a health visitors' training school in which Burmese girls can be trained in Burma, and greater local financial support and encouragement.

Miss N. K. Ross of the Burma Branch of the Indian Red Cross Society continued to work with this Department throughout the year. Visits were made to 18 child welfare societies by her during the year, when she advised the various committees responsible for organising child welfare.

After the close of the year Miss Beard, an Associate Director of the Rockefeller Foundation, who visited India at the invitation of the Government of India to observe the facilities for training health visitors and public health nurses in India, paid a short visit to Burma. During her stay here Miss Beard saw the child welfare work which is being carried on at Rangoon, Mandalay, Maymyo and the Rural Health Unit, Hlegu. She exhibited great interest in the problems of this Province and expressed the opinion that the preliminary organisation which has been laid down forms a sound basis for the growth and future development of this work in Burma.

RANGOON.—The Baby Welcome, Kemmendine, had a satisfactory year. A highly qualified health visitor is in charge with a part time assistant nurse to help her.

The work done at the Baby Welcome is that of a model child welfare centre and consists of home visiting of antenatal cases, nursing mothers, infants and young children, while sessions are held at the centre for antenatal work, the teaching of mother craft and advising on the condition and progress of infants and young children. An innovation in 1932 was the holding of a separate antenatal session with an honorary medical officer in attendance. The attendances at this session have been most satisfactory.

In all, 3,044 attendances were made at the centre (of these 278 were antenatal cases) and 4,094 home visits were made by the health visitor.

The Rangoon Maternity and Infant Welfare Society continued to cater for maternity work only. During the year 1,627 confinements took place in the society's four maternity shelters. Two subassistant surgeons and eight midwives were employed.

HLEGU TOWNSHIP.—The Health Unit continued the maternity and child welfare work with a staff of one nurse and four midwives. The nurse, besides supervising the midwives, carried out routine home visiting of antenatal cases, infants and young children and was in charge of the infant welfare centres at Hlegu and Dabein. Home visits numbered 4,946 and there were 2,551 attendances at the centres. A weekly antenatal clinic was started at Hlegu in the month of September and pregnant mothers were given a thorough physical examination including heart, lungs, urine, pelvic measurements, etc. They were instructed regarding prenatal hygiene. The midwives conducted 897 confinements.

MANDALAY.—The work of the Maternity and Infant Welfare Society showed a very satisfactory allround increase. A Superintendent of midwives, eight midwives and one health visitor comprised the society's staff. During the year the midwives attended 1,014 confinements. The growth of the work at the centre and the increased response obtained by the health visitor has been excellent. Centre attendances were 4,080 (of these 509 were antenatal cases) and the health visitor paid 3,823 home visits.

MAYMYO.—The child welfare work of the Society for the Promotion of Public Health, continues on satisfactory lines. One health visitor is employed. During the year under report when the municipal midwife retired, the Maymyo municipality sanctioned an extra grant to the society in order that it should employ an additional midwife. There were, therefore, two midwives employed for the last nine months of the year under report.

The work of the society was seriously interrupted by the absence of the health visitor on leave and sick leave for five months. No qualified health worker was available to take her place. There were in all 2,911 attendances at the Society's two centres (of these 205 were antenatal cases) and the health visitor made 4,174 home visits.

A step which should prove of great help to the future development of child welfare in Maymyo was taken during the year, namely the application of sub-section (2) of section 8 of the Burma Nurses and Midwives Act, 1922. This section prohibits any one other than a medical practitioner or a qualified midwife from attending confinements. In this respect Maymyo is again proving itself a pioneer in child welfare work.

BASSEIN.—The Infant Welfare Society has had a satisfactory year of progress. The staff consists of one health visitor with five midwives who work under her supervision. During the year the duties of the health visitor and midwives were reorganised to obtain more efficient results and the work is developing very satisfactorily in consequence. The midwives attended 621 confinements. There were 1,622 attendances at the child welfare centre of which 377 were antenatal cases and the health visitor made 4,058 home visits. The average weekly attendance at the centre rose from 17 to 48 during the year.

MONYWA.—The work of the Child Welfare Society has been greatly improved by the appointment of a trained health visitor who, in this town with a conservative minded population, has obtained a very satisfactory measure of response to her teaching.

It is pleasing to note that the infant mortality rate for Môngywa dropped to 261·90 per thousand births in 1932 which is the lowest rate recorded for ten years.

The centre attendances were 3,657 and the health visitor made 2,978 home visits.

TAUNGGYI.—The health centre of the Society for the Promotion of Infant Welfare employs one health visitor. During the year, as an economy measure, the centre was moved to a room in the female outpatients department of the Civil Hospital. During the year the health visitor made 2,628 home visits and there were 572 attendances at the centre. The attendances at the centre are small, but these have increased since the centre was removed to the Civil Hospital.

PROME.—The Infant Welfare Society had a very satisfactory year. It increased its income and employed a health visitor from October. By the end of the year a good start had been made with her work. A child welfare centre has been opened and the attendance there is slowly increasing. During the last three months of the year the health visitor made 803 home visits; there were 135 attendances at the centre during the five weeks after it was opened.

THAYETMYO.—The Society for the Promotion of Public Health continues to do child welfare work with a midwife as its worker and runs a child welfare centre. Home visits to infants and nursing and expectant mothers totalled 3,095. The centre is still on a small scale (1,001 attendances having been made in 1932) and is increasing rather slowly.

KYAUKSÈ.—The Infant Welfare Society has now become well established and is progressing well. A midwife is employed to do home visiting of infants and nursing and expectant mothers. At the end of the year a child welfare centre was opened.

MOULMEIN.—The Society for the Prevention of Infantile Mortality continues to confine its activities solely to maternity work. The four midwives employed attended 859 confinements during the year.

MEIKTILA.—The Infant Welfare Society employs a midwife for home visiting of infants and antenatal cases, 1,019 home visits being made by her. A child welfare centre was opened at the end of the year.

TOUNGGOO.—The Society for the Promotion of Public Health employs an untrained worker to do home visiting of infants.

TAUNGDWINGYI.—In this town which has a very high infant mortality rate the Infant Welfare Society was revived during the year. The society has made an energetic beginning and is to employ a trained health visitor in 1933.

YAMETHIN.—The Infant Welfare Society is opening a child welfare centre with voluntary workers in charge.

The societies at Sagaing, Shwebo, Akyab, Magwe, Sandoway, Thôngwa, Thatôn, Maubin, Minbu and Mergui limited their activities to maternity work or to arranging for some home visiting to be done by voluntary workers.

A new society was formed at Pyapôn.

The Society for the Promotion of Infant Welfare, Pegu, did not function during the year.

CHAPTER IX.

School Hygiene and Medical Inspection of School Children.

54. **School Medical Inspection.**—School medical inspection reports were received from 68 schools only in 1932 compared with 176 in the year 1931. The suspension of grants in aid for the medical inspection of schools has been responsible for the small number of reports received. Of the 68 reports, only 59 gave detailed statistics in the prescribed form. In the majority of the schools from which reports have been received, the medical officers have been kind enough to continue the inspection of pupils without any remuneration. This can only be regarded as a purely temporary arrangement, and the medical officers in question deserve to be thanked for the public spirit they have shown in maintaining school medical inspection after its continuance was threatened by the grants in aid being stopped. In a very few cases the cost of inspection has been borne either by the school authorities or by the pupils.

Grants in aid for medical inspection of schools were instituted in the year 1922. Up to last year much progress was made but the suspension of grants has, in most cases, resulted in the suspension of medical inspection and thus the valuable work done in schools up to 1931 is likely to go by the board unless immediate steps are taken to revive the system.

There were 17,524 pupils on the rolls of the schools from which reports have been received and medical officers examined 16,199 pupils or 92.44 per cent. of the total. Of the pupils inspected 57.52 per cent. were protected by primary vaccination, 38.85 per cent. by revaccination, 2.02 per cent. by a previous attack of smallpox and the remaining 1.61 per cent. were unprotected.

As in previous years, defective teeth (18.67 per cent.), enlarged tonsils (11.90 per cent.), defective vision (5.93 per cent.), skin diseases (4.91 per cent.), anæmia (3.59 per cent.) and trachoma (3.36 per cent.) were the most common defects. Dental caries was most evident among the juniors and kindergarten pupils and in such cases it is imperative that the parents should be induced to take the children to a hospital or to a dentist. Parents and guardians should realize that the rectification of such defects will result in raising the physical and intellectual standards of the pupils.

Many of the reports emphasise the difficulties experienced in getting the parents to follow up the medical inspector's advice. This, however, cannot continue to be the case indefinitely. The modern child is taught more about health matters; until the grants in aid were withdrawn the general medical inspections helped to impress on the children the importance of keeping good health and it is not too much to hope that the next generation of parents will be wiser and less indifferent to the remediable physical defects in their children.

The medical officers have been of great help in taking necessary prophylactic measures whenever there has been an outbreak of epidemic disease in the locality. In many schools anticholera, antiplague and T.A.B. inoculations were performed by them and revaccinations were done at their instance. In the Government Normal School, Mandalay the prompt measures adopted by the School Medical Officer stopped a threatening outbreak of beri-beri.

In the Government Anglo-Vernacular School, Prome, it is reported that a distinct improvement in the physique of the pupils was noticed from the individual records maintained for the purpose. They were given facilities to play basket-ball and other outdoor games. The Headmaster, Government Anglo-Vernacular High School, Maymyo, states that physical culture cards were introduced and were found very helpful.

The common drinking cup in vogue in many of the schools is a source of danger in the spread of infection. In order to demonstrate how a hygienic arrangement for drinking water can be made without

incurring much expense, the Rural Health Unit, Hlegu, has provided the Anglo-Vernacular Middle School, Hlegu, with a large clean oil drum fitted with a spigot, and 200 aluminium cups. Each of these cups is numbered and when not in use is kept in a similarly numbered compartment of a wooden cabinet specially built for the purpose. Each child knows his or her number and the teacher impresses on the children the hygienic meaning of the arrangement.

During the year this Department examined the plans of 9 school buildings of which 6 were approved and 3 were returned for modifications. The sanitary condition of school buildings, including arrangements for water supply and conservancy, have been generally reported as good.

CHAPTER X.

Health Propaganda.

55. Health Education.—The health education work carried out during the year 1932 shows a slight diminution compared with the previous year. The value of propaganda in improving health standards has been regrettably ignored in many towns. Public bodies and health officers should realise that in all progressive countries the education of the masses on the importance of health is regarded as of primary importance in any effort towards getting rid of insanitary conditions.

A. RURAL.—The public health staff in rural areas delivered 4,543 lectures and health talks, gave 158 lantern demonstrations and 24 cinema shows and distributed 94,760 health publications on various subjects. These lectures and demonstrations were attended by about 270,000 persons.

The districts of Bassein, Hanthawaddy, Kyaukse and Mandalay deserve special mention for the large number of lectures delivered. Satisfactory lecturing work was also reported from the districts of Akyab, Arakan Hill Tracts, Kyaukpyu, Myaungmya, Maubin, Pyapôn, Salween, Toungoo and Meiktila. It is regrettable to note that in Tavoy district no health education work was carried out. The work done in the Mogôk subdivision consisted only of distribution of health publications. Although magic lanterns and slides were placed at the disposal of District Health Officers, no lantern demonstrations were reported from the districts of Hanthawaddy, Insein, Tavoy, Thayetmyo, Magwe, Mandalay, Shwebo, Sagaing and Upper Chindwin.

B. URBAN.—During the year the urban health staff gave 412 lectures and health talks, 37 lantern and 13 cinema shows and distributed 99,316 publications on various subjects to audiences totalling 71,000.

For satisfactory lecturing work Kyaukse, Paungdè and Danubyu deserve credit. Sandoway, Henzada, Maubin, Minbu and Pakôkku also

deserve mention. It is, however, regrettable to note that there are, still many towns which did not report any kind of propaganda work. Amongst these are Tharrawaddy, Gyobingauk, Zigôn, Letpadan, Minhla, Syriam, Thônghwa, Thamaing, Kamayut, Thingangyun, Kanbe, Ngathainggyaung, Wakèma, Moulmeingyun, Toungoo and Allanmyo. Publications only were distributed in the towns of Nattalin, Insein, Prome, Pyapôn, Kyaiklat, Thatôn, Tavoy, Shwegyin, Yenangyaung, Chauk, Yamèthin and Myitkyina. The propaganda work in all these towns needs much improvement.

56. Hygiene Publicity Bureau.—U Ba Kin, B.A., M.B., Ch.B., D.P.H., was in charge of the Bureau up to the end of February. He conducted a special propaganda campaign in Kyaukse district to dispel the local belief in the disease known to the Burmans as “Maw-ka-lam.” He explained to the audience that an expert committee investigated this disease and found it to be a convenient label used by Sesayas to cover a multitude of diseases, such as malaria, typhoid, plague, etc. Towards the end of February he visited the Kyaikalo Pagoda festival on the Rangoon-Prome Road and gave lectures and cinema demonstrations.

The services of this officer were dispensed with owing to financial stringency but it was imperative that propaganda work should be carried on to some extent. In July, therefore, subassistant surgeon U Tha Saing was placed on health propaganda duty. Before the close of the year he visited the following 13 towns and 13 villages :—

TOWNS.—Bhamo, Myingyan, Yamèthin, Pyinmana (twice), Toungoo, Myitnge, Meitktila, Nyaunglebin, Pegu, Insein (twice), Thônghwa, Syriam and Paungdè.

VILLAGES.—Natogyi (Myingyan district), Sheinmaga (Shwebo district), Amarapura (Mandalay district), Thazi (Meiktila district), Okkan, Taikkyi (Insein district), Kungyangone, Ingalon-Sapagan, Natsingon, Kanbe, Twante, Kayan and Kyauktan (Hanthawaddy district).

In his tours through these towns and villages, he organised special educative campaigns on personal hygiene and on public health by giving lectures illustrated by lantern slides and cinema films to audiences estimated at about 62,000. Publicity pamphlets numbering 64,290 were distributed by him. He also visited 7 schools and attended the Vernacular Educational Conference at Insein and the A.B.M. Agricultural Conference at Pyinmana.

The Publicity Bureau undertook the translation of circulars, cards and forms dealing with child welfare. A health play on “Infant Welfare” was written by the Bureau and was acted for the first time by the students of the A.B.M. Girls’ School at the “Baby Welcome,” Kemmendine, on the occasion of Lady Innes’ visit.

A new coloured poster showing in section the construction of a boredhole latrine was added to the stock of posters and was distributed to health officers and local bodies. Under the title "Health and Hygiene" the Bureau's publications Nos. 101 to 104 on leprosy, together with notes on smallpox, plague and village sanitation were reproduced in the Headman's Gazette. Several pamphlets were revised and reprinted. During the year 409,532 copies of publications were issued from the Bureau to health officials, local bodies, schools, missionaries and private individuals.

57. Red Cross Society and Rangoon Health Week.—

Under the auspices of this Society, which has done so much for the improvement of Public Health in Burma, the ninth Rangoon Health Week Exhibition was held at the Jubilee Hall from the 8th to 14th February. The exhibition was opened by His Excellency Sir Charles Innes, K.C.S.I., C.I.E., I.C.S., Governor of Burma.

Ever since its inauguration in 1924, the Exhibition has improved from year to year and has become increasingly popular. The exhibits and stalls were designed to deal with a variety of subjects and to suit all ages. The technical exhibits displayed by the Harcourt Butler Institute of Public Health on the ground floor of the hall dealt with plague, cholera, smallpox, malaria, water supply, food, conservancy and other subjects. Upstairs, there was a display of health posters submitted by school children, and films dealing with health subjects were shown. In the grounds the women and children's section proved very popular. Another important feature was the model showing a malarial and nonmalarial village. A model of a typical street in Rangoon displayed the various mosquito breeding places both in the pucca and kutcha areas.

The valuable work done in the various departments of a maternity hospital were shown by reproductions of an antenatal clinic, a free ward, a private ward and a postnatal clinic. The work done in an infant welfare centre was illustrated by the routine weighing and examination of infants and young children, the advising of parents on infant-care, feeding and clothing, and mother craft. The infant welfare exhibits contained models relating to antenatal and infant care, feeding and clothing and the personal hygiene of school children. Innovations in 1932 were a section illustrating the principles of dietetics and showing the diet of toddlers up to the age of five; a dental section containing excellent models, charts and diagrams illustrating the diseases due to decayed teeth and methods of prevention. Every evening a health pageant was held and health plays were enacted by school children. During the week leaflets on health matters were distributed and lantern lectures, cinema shows and lectures on health topics were given in various centres of the town. From the large

crowds of interested and enthusiastic spectators that filled the grounds every evening it is evident that the exhibition is increasing in its popularity, but the real proof of the value of such an exhibition must lie in the amount of intelligent interest evinced by the visitors. Evidence of this interest was plentiful; requests from parents for particulars of a correct diet for their children, demands for patterns of children's clothes, detailed questions concerning the breeding of flies and mosquitoes were met with daily.

58. Public Health Essays.—The Burma Branch of the Indian Red Cross Society holds a Public Health essay and poster competition each year. The competition is held in connection with the Health Exhibition in February and up to the year 1932 it was restricted to the English and Anglo-Vernacular schools in the Province. In 1932 it was extended to the Burmese vernacular schools in Rangoon. A limited number of subjects relating to public health were specified in advance so that the teachers could concentrate on instructing the pupils on these subjects. Different subjects are specified each year. Pamphlets dealing with these specified subjects were supplied by this Department for the guidance of teachers and pupils.

The essay chosen for the 1932 competition was entitled "Explain why the house fly should be regarded as a dangerous enemy of public health and state what measures you would take to reduce this danger."

There were separate competitions for high schools and for middle schools. Eight prizes of Rs. 10 each were awarded for the high school section and similar prizes for the middle school section.

In the poster competition, prizes were awarded for the ten best posters.

A cup was awarded to the school submitting the best essay and also to the school submitting the best poster.

The prizes were very kindly distributed by His Excellency the Governor on the opening day of the Rangoon Health Week Exhibition. The interest taken by the pupils in the competition was general and keen. The report of the examiners was gratifying and indicated that an increasing and intelligent interest was being taken in health by the school children in Burma.

CHAPTER XI.

Public Health Administration.

59. District Health Officers and Assistant District Health Officers.—The employment of full time District Health Officers continued in Akyab, Myaungmya and Pyapôn districts. U Tha Gyaw, M.B., D.P.H., continued as District Health Officer, Akyab,

except for a period of two months when he was transferred as Assistant Port Health Officer, Rangoon; an Assistant District Health Officer was posted to Akyab to carry on his work. U Maung Gale, M.B., D.P.H., was in charge of Myaungmya district throughout the year. Saw Kya Zit, M.B., D.P.H., returned from leave on the 1st March 1932 and resumed charge of his duties as District Health Officer, Pyapôn.

Of the five Assistant District Health Officers sanctioned for this Department, U Ba Maung, M.B., B.S., and U Tun Min, M.B., B.S., returned from Calcutta, where they obtained the Diploma in Public Health. U Ba Maung was first posted to Insein district, and afterwards acted as Assistant Port Health Officer, Rangoon. From the 13th December he was appointed as Assistant District Health Officer, Thatôn. U Tun Min, M.B., B.S., was, on return from Calcutta, posted to Bassein district. U Mra Tha, L.M. & S., worked in Meiktila district up to the 10th July. Through the kindness of the Rockefeller Foundation he was given a fellowship to enable him to undergo the course for the Diploma in Public Health at Calcutta. Mr. Ah Shoung, M.M.F., D.P.H., continued as Health Officer, Maymyo municipality, throughout the year. Mr. M. Chit Tway, M.B., B.S., served in Pyapôn, Akyab and Insein districts up to the middle of April and then proceeded on leave. While on leave he successfully passed the examination for the Diploma in Public Health held in Calcutta in May. On return from leave he was posted as Assistant District Health Officer, Mandalay.

60. Urban Health Officers.—Including the Corporation of Rangoon, only 9 out of 15 towns having a population of over 20,000 employed wholetime health officers. In Moulmein U Po Hla, A.T.M., proceeded on leave preparatory to retirement and in his place U Hla Baw, L.M. & S., D.P.H., was appointed from the 1st July. Prome municipality was without a wholetime health officer from the date U Hla Baw relinquished charge of his duties, and the municipal committee appointed Mr. S. Paul, M.B., D.P.H., as their health officer from the 6th December.

Of the towns with a population of over 10,000 but below 20,000 only Paungdè municipality employed a second class health officer from the 1st May. The municipalities of Thayetmyo and Nyaunglebin, though each has a population below 10,000, continued to employ second class health officers, a wise step on the part of these municipal committees. In Thayetmyo, U Shwe Baw of this Department was appointed health officer in place of U Tha Saing, who reverted to our cadre on completing three years in the appointment.

Contribution towards the pay of health officers was made to the municipalities of Henzada, Prome, Pegu, Nyaunglebin and Thayetmyo.

61. Cadre of Subassistant Surgeons.—Of the 22 permanent sub-assistant surgeons sanctioned for this Department, one was employed as Assistant Director, Vaccine Depôt, Meiktila, one as Assistant Port Health Officer, Akyab, and one was attached to the Malaria Bureau. The remainder were employed on epidemic and general sanitary duties.

This cadre of officers is our main weapon in arresting epidemics and they must be given some of the credit for the low incidence of epidemic disease in the year under review. When not engaged on epidemic duties they carry out Public Health propaganda work, distributing pamphlets and giving lectures and brief health talks in villages. They also check vital statistics and vaccination work and inspect vernacular schools. During the year they carried out over 17,217 inoculations and verified 74,916 birth and death entries and 34,051 vaccinations.

The training class for the Government License in Hygiene which had been suspended for a year was resumed and two subassistant surgeons of the permanent cadre and a subassistant surgeon from the Port Health Department were admitted to the class which commenced on the 1st July 1932. Subassistant surgeon U Ohn Pe was deputed to Karnal for special malaria training.

62. Public Health Inspectors.—

A. UNDER TRAINING.—This year's Public Health Inspectors' Training Class commenced its session on the 20th July with 22 students including 5 candidates nominated by local bodies. All sat for the final examination and 17 passed.

B. EMPLOYED IN THE PROVINCE.—The number of public health inspectors employed during the year was 183, of whom 120 were employed in towns, 46 in the rural areas and 17 by special agencies, such as the Burma Railways, Burma Corporation, Limited, Namtu, Burma Oil Company and others. Five District Councils and 8 municipal and town committees were without a public health inspector.

CHAPTER XII.

Vaccination.

This forms the subject of a separate report.

CHAPTER XIII.

Other Public Health Services.

63. Mines.—The vital statistics of the mining area of the Burma Corporation, Limited, Namtu, are given in the table below :—

(Population 16,315.)

(1)	Births. (2)	Deaths.											Total. (14)
		Cholera. (3)	Smallpox. (4)	Plague. (5)	Fevers. (6)	Dysentery and diarrhoea. (7)	Respiratory diseases. (8)	Injuries.				All other causes. (13)	
								Suicide. (9)	Wounding or accident. (10)	Snake bite or killed by wild beasts. (11)	Rabies. (12)		
Actuals ...	93	...	...	...	66	5	86	...	8	...	...	54	219
Ratio per 1,000 population.	5·70	...	...	...	4·05	0·31	5·27	...	0·49	...	...	3·31	13·42

The report of the Medical Officer, Burma Corporation, Limited, Namtu, for the year 1932, and also a summary of the health conditions in mines in Mergui and Tavoy districts and in the quarries in Thatôn district are published as Appendix C.

64. Harcourt Butler Institute of Public Health.—STAFF OF THE INSTITUTE.—*Director.*—Major E. Cotter, M.B., D.P.H., I.M.S., held charge of the Institute from 1st January 1932 to 31st December 1932.

Assistant Director.—Military Assistant Surgeon G. Mackey, D.T.M., I.M.D., from 1st January 1932 to 31st December 1932.

Public Analyst.—Mr. E. H. Bunce, F.I.C., F.C.S., from 1st January 1932 to 31st July 1932 and from 1st October 1932 to 31st December 1932.

Assistant Chemist.—Mr. G. C. Moitra, B.Sc., F.C.S., from 1st January to December 31st, 1932.

Malariologist.—Lieut. E. S. Feegrade, D.T.M., I.M.D., K.I.H., from 8th February to 31st December 1932.

Assistant Malariologist.—Subassistant surgeon U Tin, D.T.M., from 1st January to 31st December 1932.

Assistant Bacteriologist.—Subassistant surgeon U Pa How from 1st to 31st January and from 1st April to 31st December 1932.

GENERAL.—Three classes were conducted in the Institute during the year—

- (1) The Rangoon University M.B. course in Hygiene.
- (2) The Government of Burma qualifying course for public health inspectors.
- (3) The Government of Burma License in Hygiene course for subassistant surgeons of the Public Health Department.

BACTERIOLOGICAL SECTION.—The following work was done in the laboratories of this section during the year :—

(1) Water examinations	...	317
(2) Shaving brushes	...	33
(3) Urine	...	3
(4) Sputum examinations (T.B.)	...	14
(5) Smears	...	10
(6) Disinfectant	...	1
(7) Fæces	...	7
(8) Milk for mycobacterium tuberculosis	...	33

CHEMICAL SECTION.—During the year under review, a total of 1,267 samples were examined. This total is made up as follows :—

Foods and drugs	...	669
Waters	...	489
Waters (bacteriological and experimental)	...	80
Water deposits	...	5
Effluents	...	24
		<u>1,267</u>

These examinations were undertaken for the following bodies or individuals :—

Public Health Department.	Hospitals.
Police and Military Departments.	Jails.
Public Works Department.	Civil Surgeons.
Municipalities.	Private Firms and
District Councils.	Individuals.

The table below gives details of the various foods and drugs examined:—

Description of samples.	Number examined.	Number adulterated or otherwise unsatisfactory.
Atta (for experimental investigation)	40	...
Butter	3	2
Cantharidin	2	1
Cinchona febrifuge tablets	5	...
Coffee (for experimental investigation)	19	...
Disinfectants	6	...
Ghee	146	22
Infant foods	3	...
Kaolin	1	1
Lemonade	4	...
Malt	1	1
Milk, fresh	28	17
Milk, condensed (full cream sweetened)	5	1
Milk, dried	1	...
Milk, buffalo	4	2
Milk, goat (for experimental investigation)	11	...
Milk, human	48	...
Oil, groundnut	22	2
Oil, mustard	2	...
Oil, sesame	33	9
Paddy	9	...
Patent medicine	1	...
Rice	209	99
Rice bran	37	...
Salt, crude	2	...
Salt, refined	13	...
Soap	7	2
Tea	1	...
Wheat	6	...
Total	669	159

Standards for ghee, butter and coffee, for official adoption under the Burma Food and Drugs Act, 1928, were submitted during the year, and are now under the consideration of Government.

The amount of work which has been carried out is only partially indicated by this Report, as many investigations have been undertaken which are in the nature of research, and for which the number of samples examined gives no adequate idea of the work done. Thus investigations relating to food standards entail prolonged experiments, and the examination of water supplies often requires the application of specialised knowledge in addition to the usual routine analysis.

PLAGUE SECTION.—An investigation into rat and rat flea conditions on barges and lighters from which oceangoing vessels are loaded was completed on 24th January 1932.

An investigation into rat and rat flea conditions on oceangoing steamers was commenced on 3rd February 1932 and concluded on December 31st, 1932.

MALARIA BUREAU.—The class for students undergoing the course for the licentiate in hygiene and for the qualification of inspector of public health were continued.

The course of instruction which previously had consisted of lectures, field demonstrations and laboratory work relative to anopheline mosquitoes and malaria, and the culicines and the diseases of dengue, filariasis and yellow fever was extended to include the common house fly, louse, flea, tick and sandfly.

Preliminary malaria surveys were made of the following places :—

- (1) Moulmein town.
- (2) Amherst village.
- (3) Kalaw town.
- (4) Shwebo town.
- (5) Manpwe Railway Station.

Laboratory Experiments.—

- (1) Experiments to standardise the size of mesh of screencloth which would prohibit the passage of the local anophelines, the domestic culicines, and the common housefly were completed.
- (2) Three oils were tested to estimate their protective power against the bites of mosquitoes.
- (3) Experiments to breed imported and local fish were undertaken.

Five new species of larvivorous fish were collected during the year from various parts of Burma. Larvæ and adults of 12 anophelines and 9 culicines were examined and identified from 14 stations. One hundred and eighty-nine blood smears were examined for malarial parasites.

PUBLICATIONS.—

- (1) "Investigations on Milk Standards." *The Analyst*, July 1932, by Edwin H. Bunce, F.I.C., F.C.S.
- (2) "The Detection of Adulteration of Indian Coffee, with special Reference to the 'Extract Method.'" *The Analyst*, November 1932, by Edwin H. Bunce, F.I.C., F.C.S., and G. C. Moitra, B.Sc.
- (3) "Observations on the Composition of Butter Imported into Burma." *Indian Medical Gazette*, June 1932, by Edwin H. Bunce, F.I.C., F.C.S.

65. Burma Ghee Adulteration Act, 1917.—During the year, 91 samples of ghee were examined from *Rangoon*, of which 12 were reported to be adulterated and two slightly adulterated. The parties in the latter two cases were warned. The remaining 12 cases and 3 cases from 1931 were brought up for trial. Fines amounting to Rs. 295 were imposed in 13 cases and the other 2 cases were pending disposal at the end of the year.

In *Akyab* out of two samples of ghee sent for analysis one was found to be adulterated and the seller was prosecuted and fined Rs. 30.

In *Mandalay* of the two cases pending disposal at the end of the previous year, one was closed as the party had absconded but in the other a fine of Rs. 130 was inflicted. No samples of ghee were reported to have been taken during the year. The vendors adopted the subterfuge of affixing a signboard outside their shops, announcing that grease and oil mixture only was sold. This is a matter which requires to be dealt with.

66. Port Health Administration.—

RANGOON.—Major C. W. Rebeiro, I.M.D., Assistant Port Health Officer, Rangoon, proceeded on four months' leave from the 6th August and in his place U Thaw Gyaw, M.B., D.P.H., and U Ba Maung, M.B., B.S., D.P.H., were appointed to officiate in succession. There were no other changes in the personnel.

The report of the Port Health Officer giving detailed information regarding the inspections carried out, etc., is published as Appendix D.

AKYAB.—There were 340 incoming vessels of which 282 were from Indian ports and 58 from foreign ports. They carried a total of 42,538 passengers and 27,498 crew. Vaccinations performed on incoming passengers totalled 14,387 of which 1,023 were primary and 13,364 were revaccinations. Fifty-eight vessels carrying 1,522 crew and 35 passengers left for ports beyond India and were inspected prior to departure. A total number of 1,876 anticholera inoculations

were done at this port on the crew of Government launches, Arakan Flotilla Company's launches, seagoing ships and paddy boats coming in from the district.

KYAUKPYU.—Only coastal vessels plying from Chittagong to Rangoon and back call at the port. It is reported that 1,749 passengers came in and 2,456 departed from Kyaukpyu by the 104 vessels which passed through the port during the year.

BASSEIN.—Incoming vessels from Indian and foreign ports numbered 89 and they carried 5,139 crew. Excepting provincial coastal vessels all the others were inspected on arrival. There were 26 vessels proceeding to ports beyond India and the effects of their 1,071 Asiatic and African crew were disinfected before the departure of the vessels. The Assistant Port Health Officer inspected some of the riverine vessels coming to the port.

MOULMEIN.—The number of vessels from Indian and foreign ports that called at Moulmein was 158 and they are reported to have carried 10,871 crew and 793 passengers. From the 1st May 1932 till the end of the year the fortnightly passenger boats coming from Penang *via* Mergui and Tavoy were inspected on arrival. Besides these, 10 other incoming vessels and 1 outgoing vessel were also inspected.

MERGUI.—Fifty-two vessels coming from and 53 vessels proceeding to Malayan ports were inspected by the Port Health Officer. The incoming vessels were reported to have carried 3,768 crew and 295 passengers, and the outgoing vessels 3,848 crew and 1,347 passengers.

TAVOY.—During the year 406 passengers arriving at the port by vessels from Penang were inspected. No other vessels from ports outside Burma call at Tavoy.

67. Expenditure on Civil Sanitary Works.—Out of a total sum of Rs. 70,91,944 spent in Burma during the year on civil sanitary works Rs. 61,22,811 were spent in towns and Rs. 9,69,133 in rural areas. The percentage of income expended by all local bodies on these works was 17·13, the figure for towns being 22·52 and for districts 6·82. Of the total income from all sources 2·81 per cent. was spent on water works, 1·04 per cent. on drainage and 7·78 per cent. on conservancy. More detailed information is given in Statement A.

68. Provincial Public Health Board.—The constitution and functions of the Board remained unchanged during the year and there was no change in its personnel. On account of financial stringency no new works were funded except in cases where Government was already committed to the expenditure. The Board held two meetings and considered 11 projects. The total amount of contributions on public health projects approved during the year was Rs. 532 compared with Rs. 28,851 and Rs. 83,709 in the years 1931 and 1930 respectively.

The sum of Rs. 350, which was the last of a series of diminishing grants towards the cost of antimalaria measures at Mawlaik was paid during the year. Another small grant amounting to Rs. 182 was paid for erecting a fence round the septic tank at Kyaukpyu.

The detailed report of the Board is published as Appendix B.

CHAPTER XIV.

General Remarks.

69. Personal Proceedings and Office.—Major E. Cotter, I.M.S., held charge of the Department till the 21st November when Lieut.-Col. G. Jolly, C.I.E., I.M.S., the permanent Director, returned from leave. Major E. Cotter then reverted to the post of Assistant Director and Mr. K. T. Jungalwalla, L.M. & S., D.P.H., who officiated as Assistant Director proceeded on leave. U San Hla Aung, M.B., Ch.B., D.P.H., continued to officiate as the second Assistant Director throughout the year. Inspections of the following places were carried out by the Director and Assistant Directors during the year :—

Akyab, Minbya, Sanbalay, Khaunglaung, Pauktaw, Myohaung, Kyauktaw, Kyaukpyu, Hlegu, Thamaing, Maubin, Thatôn, Kyaikto, Moulmein, Salin, Chauk, Pakôkku, Maymyo, Myingyan, Nyaung-U, Kalaw, Shwenyaung, Bhamo, Sinbo and Myitkyina.

In December, Lieut.-Col. G. Jolly attended the All-India Conference of Research Workers at Calcutta.

Rangoon, 23rd August 1933.

E. COTTER, Major, I.M.S.,
Offg. Director of Public Health, Burma.

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APPENDIX A.

NARRATIVE PROGRESS REPORT OF PLANS AND ESTIMATES PREPARED AND OF WORKS CARRIED OUT BY THE SUPERINTENDING ENGINEER, PUBLIC HEALTH CIRCLE, PUBLIC WORKS DEPARTMENT, BURMA, FOR THE YEAR 1932.

I.—Water Supply.

RANGOON UNIVERSITY.—Estimate amounting to Rs. 3,308 for providing meters for University and Judson College—Work completed.

SHWEBO WATER SUPPLY.—Estimate amounting to Rs. 6,766 for the balance of work to be completed departmentally—Work completed.

AGRICULTURAL COLLEGE, MANDALAY.—Estimate amounting to Rs. 2,084 for providing water meters to officers' quarters, Agricultural College, Mandalay, was prepared and forwarded for disposal.

CIVIL POLICE LINES, MANDALAY.—Estimate amounting to Rs. 110 for providing water meters at the Battalion Commandant's quarters was prepared and forwarded for disposal.

CIVIL POLICE LINES, MANDALAY.—Estimate amounting to Rs. 88 for providing water meters to the Assistant Battalion Commandant's quarters was prepared and forwarded for disposal.

WIRELESS STATION, MONKEY POINT.—Estimate amounting to Rs. 997 for modifying the existing pumping arrangements at the pumping well of the Station—Work completed.

NEW LAW COURTS, RANGOON.—Estimate amounting to Rs. 512 for providing water meter for the Menials' quarters—Work completed.

BORSTAL INSTITUTE, THAYETMYO.—Estimate amounting to Rs. 2,944 for providing water supply to the Institute was prepared and forwarded to the Executive Engineer, Thayetmyo Division, for disposal.

INSEIN CENTRAL JAIL.—Estimate amounting to Rs. 777 for installing air mains in 6" well and connecting same to steam pump at Jail—Work completed.

THÔNZÈ.—Estimate amounting to Rs. 1,19,196 for a water supply scheme for Thônzè was prepared and forwarded to the President, Municipal Committee, Thônzè, through the Commissioner, Pegu Division, for disposal.

NATTALIN.—Estimate amounting to Rs. 1,003 for cleaning the 4" tube well and renewing 1½" air pipes at Nattalin—Work completed.

BASSEIN CENTRAL JAIL.—Estimate amounting to Rs. 20,053 for providing a water supply to the Jail was prepared and submitted to the Inspector-General of Prisons, Burma, for favour of disposal. Same was returned for revision, and the estimate reduced to Rs. 17,190 and resubmitted for disposal.

CIVIL HOSPITAL, THATÔN.—Estimate amounting to Rs. 2,843 for providing sinks, sullage, water disposal and external water supply to the out-patients' department and operation block, Civil Hospital, Thatôn—Work completed.

VACCINE DEPÔT, MEIKTILA.—Estimate amounting to Rs. 542 for improvement to the water supply at Vaccine Dépôt—Work completed.

MANDALAY.—Estimate amounting to Rs. 4,036 for cleaning and testing No. 8 Tube Well for Water Supply Scheme was prepared and submitted to the Municipality for disposal.

KALAW.—Estimate amounting to Rs. 454 for a preliminary survey of the pipe lines and test on mains in connection with water supply improvements at Kalaw was prepared and submitted to the President, Town Committee, Kalaw, for disposal.

PYINMANA FOREST SCHOOL.—Estimate amounting to Rs. 105 for providing a water meter on water mains to the quarters of Head Clerk was prepared and submitted to the Chief Engineer, for disposal.

THINGANGYUN.—Estimate amounting to Rs. 4,795 for a water supply scheme was prepared and submitted to the Commissioner, Pegu Division, for disposal.

MEIKTILA CANTONMENT.—Estimate amounting to Rs. 2,100 for providing meters on water mains to Provincial and M.E.S. Buildings was prepared and forwarded to the Executive Engineer, Meiktila Division, for sanction and allotment of funds.

OLD LUNATIC ASYLUM.—Estimate amounting to Rs. 486 for providing taps, additional stand pipes and bathing platforms for the proposed residential quarters for Rangoon Town Police was prepared and submitted to the Superintending Engineer, Rangoon Circle, for disposal.

VETERINARY SCHOOL, INSEIN.—Estimate amounting to Rs. 773 for providing drinking troughs for horses and cattle at the school—Work completed.

PYAPÔN.—Estimate amounting to Rs. 5,596 for installing additional pumps for the water supply scheme was prepared and submitted to the President, Pyapôn Municipality, for disposal.

PYINMANA FOREST SCHOOL.—Estimate amounting to Rs. 504 for a new extension to the water supply for five residential quarters was prepared and submitted to the Chief Engineer, for sanction and allotment of funds.

MINGALA POLICE STATION.—Estimate amounting to Rs. 1,247 for the proposed replacement of existing G.I. storage tanks and wooden trestles by a Mild Steel Tank at the Police Station was prepared and submitted to the Commissioner of Police for disposal.

CENTRAL TELEGRAPH OFFICE, RANGOON.—Estimate amounting to Rs. 222 for providing a tap and sink in the Central Telegraph Office—Work completed.

NO. 6, TANK ROAD, RANGOON.—Estimate amounting to Rs. 195 for a proposed water supply to No. 6, Tank Road—Work completed.

VETERINARY SCHOOL, INSEIN.—Estimate amounting to Rs. 249 for providing lawn hydrants at the School—Work completed.

WINDERMERE PARK, RANGOON.—Estimate amounting to Rs. 3,381 for providing 4" × 3" Leads Combination meter on 6" × 4" C.I. existing distribution mains—Work completed.

PYINMANA FOREST SCHOOL.—Estimate amounting to Rs. 728 for providing meters on water mains for residential buildings at the School—Work completed.

OLD TELEGRAPH OFFICE, RANGOON.—The G.I. Storage tank was renewed at clerks' lavatory room of Telegraph Office—Work completed.

POLICE SUPPLY DEPÔT, RANGOON.—A new tap was provided in the verandah for military police guards at the Depôt.

CHEMICAL EXAMINER'S OFFICE, STEWART ROAD, RANGOON.—The work of dismantling and re-erecting the existing G.I. pipes utilizing additional piping at menials' quarters, Chemical Examiner's Laboratory, Stewart Road, Rangoon, was completed.

CANTONMENT POST OFFICE, RANGOON.—A tap including meters and control valve was provided in the quarters of the head signaller of the Post Office.

INSEIN VETERINARY SCHOOL.—Water connection was made to the refrigerating machine at the Research Laboratory.

PANSODAN POLICE STATION.—An additional water tap was provided in the dark room of the Police Station.

SMALL CAUSE COURT.—A water tap was provided in the civil prisoners' lock-up in the Small Cause Court.

CANTONMENT POLICE STATION.—A water meter was installed at the police station.

MEIKTILA VACCINE DEPÔT.—Estimate amounting to Rs. 312 for improvements to water supply—Work completed.

MEIKTILA VACCINE DEPÔT.—Estimate amounting to Rs. 3,335 for improvements to the pumping arrangements and provision for a new storage tank, Vaccine Depôt—The work is in progress.

MAWLAIK.—Plans and estimate amounting to Rs. 2,317 for sinking surface wells at Mawlaik have been prepared and sanctioned by Chief

Engineer—Sanction amounting to Rs. 16,000 for eight surface wells was received. Work is in progress and being carried out by the Executive Engineer, Chindwin Division.

Several estimates for surface wells, tanks, etc., were examined and reported on.

Most of the estimates for minor works prepared during previous years were sanctioned and funded in full. These works were put in hand and completed.

II.—Sanitation—Sewerage and Sewage Disposal and Sanitary Schemes.

NEW MENTAL HOSPITAL, TADAGALE.—Estimate amounting to Rs. 9,994 for remodelling of sewage outfall works at the Asylum was prepared and submitted through the Superintendent, Mental Hospital, Tadagale, to the Inspector-General of Civil Hospitals for disposal. The work is held up till the condition of the Provincial finances improves.

TAUNGLONBYAN POLICE STATION.—Estimate amounting to Rs. 1,685 for proposed sullage connections for kitchen and bathroom at Police Station—Work completed.

CURRENCY BUILDING, RANGOON.—Estimate amounting to Rs. 202 for providing a lavatory basin in the sorting room was prepared and submitted to the Controller of Currency, Calcutta, through the Currency Officer, for disposal.

PUBLIC HEALTH INSTITUTE.—Gas piping from the existing main to the maistry's workshop was provided at the Public Health Institute—Work completed.

DEAD LETTER OFFICE, RANGOON.—Two $\frac{1}{2}$ " bib cocks with the necessary extension of piping was provided to the latrine attached to the Dead Letter Office—Work completed.

GOVERNMENT HIGH SCHOOL, RANGOON.—Estimate amounting to Rs. 125 for providing a new teakwood sink at the refreshment stall and renewing a wooden cover at the bathing shed at the school—Work completed.

CIVIL HOSPITAL, INSEIN.—Estimate amounting to Rs. 1,754 for sanitary installations to residential buildings at the Hospital—Work completed.

OLD CHIEF COURT, RANGOON.—Estimate amounting to Rs. 1,490 for laboratory arrangements and water supply in the Geological Survey of India office—Work completed.

DUFFERIN HOSPITAL, RANGOON.—New hot water installation to the hospital was provided and completed.

Most of the estimates for minor works prepared during the previous years were sanctioned and funded during the year. These works were put in hand and completed.

III.—Bazaar.

BOGALE.—Estimate amounting to Rs. 1,193 for providing shoring and dismantling existing old brick work and concrete floors, etc., at the dry goods bazaar building was prepared and submitted to the Commissioner, Irrawaddy Division, for disposal.

Several schemes for bazaar drainage were received, estimated and reported on.

APPENDIX B.

ANNUAL REPORT OF THE PROVINCIAL PUBLIC HEALTH BOARD. FOR THE YEAR 1932.

1. The constitution and functions of the Board remained unchanged during the year.

2. There was no change in the personnel of the Board.

3. The amount allotted to the Board in the Public Health Budget for the year 1932-33 was Rs. 17,200 only as compared with Rs. 74,000 allotted in the previous year, in accordance with the general principle adopted throughout all its departments by Government that no new works should be funded unless Government was already committed to the expenditure.

4. Two meetings only were held during the year; a third was projected but postponed owing to the extension of the Budget Session of the Burma Legislative Council. Eleven projects were considered in all. The total amount of contributions on public health projects approved during the year was Rs. 532 as compared with Rs. 28,851 and Rs. 83,709 in the two years immediately preceding. A detailed statement of grants sanctioned during the year is appended to this report.

5. A question raised about the Kyaukpadaung water supply scheme elicited the information that the Burma Railways were making their own arrangements and had declined to contribute.

6. The inordinate delay on the part of the Municipal Committee, Pyapôn, in completing the water supply scheme was considered. It was decided that a final report should be called for within the space of a month. A report stating that the whole scheme had been practically completed was duly received and recorded.

7. The Mandalay Water Supply Scheme was discussed with the Commissioner, Mandalay Division, and it was pointed out that the Irrawaddy river intake scheme could be taken up in sections as readily as the less satisfactory tube well scheme. The next step rests with the Committee who, however, have to find ways and means of financing an extension of their water supply before they can decide finally on any particular scheme.

8. An application for Rs. 10,391 for the reorganisation of the Taungdwingyi water supply scheme had to be turned down for lack of funds. The scheme, however, was placed fourth on the priority list of schemes waiting to be financed.

9. The Board undertook to provide in 1933-34 for a further contribution to the Kyaiklat Water Supply Scheme on the understanding that the scheme was executed without delay and that a water-tax was imposed as from the 1st April 1933. In May 1932 the Municipal Committee resolved to impose such a tax but subsequently rescinded the resolution on the plea of financial difficulty. No further progress has been made with the matter.

10. The failure of the Thingangyun Town Committee to fulfil the conditions of the grant made in 1929 towards its water supply scheme resulted in the Committee's being given the alternative either of completing and maintaining a reduced scheme and imposing a water-tax or of refunding the grant. The Committee thereafter called for tenders and considered the question of imposing a water-tax. There were, however, no further developments.

11. A decision by the Moulmeingyun Town Committee to adhere to its original intention not to proceed with its water supply scheme was recorded with regret. The Board hoped that the scheme would be resumed as soon as the finances of the Committee improved.

12. The last of a series of diminishing annual grants towards the cost of antimalaria measures at Mawlaik was paid during the year.

13. The question whether the Magwe Water Supply Scheme could be combined with an electric supply scheme came up for consideration and it was resolved that the combination though desirable and cheaper should not be proceeded with if the slight additional capital cost entailed further postponement of the water supply scheme which was urgent. The combined scheme, however, was commended to the Municipal Committee.

14. The Board accorded administrative approval to the following works :—

- (i) Construction of new bazaar buildings at Tavoy. (Subject to modifications.)
- (ii) Construction of new bazaar buildings at Nattalin.

- (iii) Pegu drainage scheme.
 - (iv) Pegu bazaar building project. (Subject to certain modifications.)
 - (v) Wakèma drainage scheme.
 - (vi) Construction of a cloth and miscellaneous goods bazaar at Moulmeingyun.
 - (vii) Maymyo drainage scheme. (Subject to certain modifications.)
15. No completion reports of any works were received during the year.

Statement showing Grants approved by the Board during the year.

Name of Project.	Amount sanctioned.
	Rs.
(1) Anti-malaria measures at Mawlaik ...	350
(2) Erection of a fence round the night-soil dumping septic tank, Kyaukpyu ...	182

APPENDIX C.

Health Conditions in Mines,

A.—BURMA CORPORATION, LIMITED, NAMTU.

GENERAL CONDITIONS.—The health of the population of the district remained satisfactory.

ANTHRAX.—Two cases of “malignant pustule” were admitted to hospital (isolation block) during the year. One of the cases was an Ooriya coolie employed by the Burma Corporation, Limited, and the other a goldsmith, resident in Panghai ; in neither case could the source of the infection be traced. One of the patients died.

MALARIA.—Antilarval measures were continued and showed good results in Namtu, in further lowering the incidence of this disease.

Atebrin was given a fairly extensive trial in the treatment of malaria, and was considered to be an efficient substitute for quinine. It is being used in malaria cases complicated by pregnancy, idiosyncrasy for quinine, previous history of blackwater fever, or other contraindications for quinine. The results have been satisfactory. The present cost of the drug prohibits its more general use in the treatment of malaria, but it is to be hoped that time will remedy this.

Quinine was administered three times weekly from June until October to Chinese contractors' coolies. These coolies periodically go into the jungle to cut firewood, bamboos, etc., remain outside the protected area for one or more nights at a time, and develop malaria after their return.

The quinine administration appears to have reduced the incidence of such infections.

BLACKWATER FEVER.—Three cases of blackwater fever were admitted to hospital during the year. Two cases came from villages near Namtu and one from Mansam Falls. All three cases were given atebirin ; no aggravation or recrudescence of symptoms resulted. One case developed secondary renal symptoms and died, giving a case mortality of 33·3 per cent

LEAD POISONING.—No case of lead intoxication was seen. Two cases suspected of "lead impregnation" were treated in hospital, and removed from hazard of lead. These cases were reported at the time of their occurrence.

The routine examination of employees is being continued.

CHOLERA.—No case of cholera occurred during the year. The usual annual inoculation of employees, exposed to risk, was carried out, and inoculation of new employees was continued. Government Forest employees were also inoculated.

In no case was a severe reaction seen or reported.

DYSENTERY.—The incidence of dysentery remained at a low level ; *entamoeba histolytica* was found in the stools of 8 out of 17 cases treated in hospital.

ENTERIC FEVER.—Twentyone sporadic cases were diagnosed and treated, as against 38 in 1931.

Thirteen of the cases were diagnosed clinically ; of the remaining cases, in four the Widal reaction was positive for *B. typhosus*, and in four for *B. paratyphosus*.

Houses, where cases resided prior to admission to hospital, were disinfected, bedding and clothing were sterilised and prophylactic inoculation offered to all contacts.

TYPHUS FEVER.—Two cases of typhus fever were diagnosed clinically. A Weil-felix reaction could not be taken, as the necessary bacillary suspension was not at the time available. There was no history or evidence of pediculosis or tick-bite, and the source of the infection could not be traced ; clothing, bedding, etc., were sterilised. Both cases recovered.

SMALLPOX.—There was an outbreak of smallpox in Old Nahsy village, and the neighbouring Shan villages in April. It originated from a Shan woman, who had been visiting Lashio, and contracted the disease there.

Company's employees, and the entire population of Nahsy were vaccinated. A segregation camp was constructed to which all patients and contacts were removed. Vaccination of villagers in the vicinity

was undertaken by the Government vaccinator. The outbreak rapidly subsided.

Number of cases	...	...	14
Number of deaths	...	...	<i>Nil.</i>

Two cases of smallpox were seen in a Shan village (Pying Htwan) near Nampai, in October. They were found to be the only inhabitants of the village, who were not protected by vaccination or by a previous attack of the disease.

The public vaccinator and a Government sanitary inspector from Nahsy were put in charge of the village, and all the inhabitants were revaccinated.

Number of cases	...	...	2
Number of deaths	...	...	<i>Nil.</i>

WHOOPING COUGH.—Five children were seen suffering from whooping cough. The patients were isolated in their houses. There were no deaths from this disease.

TUBERCULOSIS OF THE LUNGS :—

Number of cases	...	...	40
Number of deaths	...	...	17
Case mortality	...	...	42·5 per cent.

Cases of open pulmonary tuberculosis are isolated until such time as the lesions appear to be healing and tubercle bacilli can no longer be demonstrated in the sputum. During this period of isolation, the opportunity is taken of instructing the patients in simple personal hygiene, with the object of minimising the menace they constitute to their neighbours.

EPIDEMIC DROPSY.—Seventeen cases of epidemic dropsy occurred among the Indian population of Namtu in September. All the patients were Chittagonians, and no other community was attacked.

All the cases cleared up rapidly on Marmite and Bemax.

SANITATION.—The sanitary condition of the Company's lease was satisfactory.

The few remaining pit latrines are gradually being replaced by bucket latrines, which latter have proved to be much more satisfactory.

All refuse is removed to a dumping ground outside the camp, and burnt.

SCHOOL INSPECTION.—School children were examined. Their general health was good. A few of the children had enlarged spleens, and were instructed to attend the outpatients' department for treatment.

MATERNITY AND CHILD WELFARE SCHEME.—This scheme has been continued. A fair number of women avail themselves of the facilities offered for antenatal examination and advice. The scheme is not, however, as popular as one could wish.

H. J. H. SPREADBURY, *M.B., Ch.B.,
M.R.C.S., L.R.C.P., D.T.M., D.T.H.,
Acting Chief Medical Officer.*

B.—MERGUI DISTRICT.

On account of the slump in the rubber and tin markets, almost all the rubber estates and mines in this district have closed down. As a result the District Health Officer carried out no inspections. It is stated that some small mines are still worked on the tribute system by small contractors.

C.—TAVOY DISTRICT.

The District Health Officer inspected Hermyingyi, Taungpilla, Wagon and Taungthonlon mining camps during the year. The prevailing disease was malaria which in Kalonta mine was stated to be at its worst before the rainy season. Jungle clearing was in progress around the mine which probably fostered the breeding of anopheline mosquitoes. There were very good latrines at Taungpilla mine and a few at Wagon. The source of drinking water was from wells. Sanitary conditions in the mines visited appeared to be well looked after. One case of smallpox was detected in the Kalonta mine. The patient was sent to the Tavoy hospital and discharged cured. As a consequence of the outbreak, 350 persons in the camp were revaccinated immediately. Except for malaria, the general health of the labourers was reported to be good. On account of financial stringency, medical aid was not available on the same scale as in former years. Kanbauk mine engaged a subassistant surgeon whose services were also available for the mine at Pyingyi. Taungthonlon mine which employed a subassistant surgeon formerly was without one during the year.

D.—THATÔN DISTRICT.

KYAIKTO QUARRY.—In the laterite quarry of Mokpalin Stones Company only about 35 male coolies were employed. Water for drinking and cooking purposes was taken from two surface wells specially reserved for the purpose. The general sanitation was reported to be fair except for the lack of proper latrine arrangements.

MARTABAN QUARRY.—There were about 75 coolies employed in this quarry. It is reported that the general sanitation was bad and that coolies lived in small, low ill-ventilated huts. It seems that hardly any attempt was made to clean up the quarters and their surroundings. There were no proper latrines. Water from a surface well near the railway station was used for drinking and cooking purposes.

YINNYEIN QUARRY.—About 100 coolies were employed and their working hours were from 6 to 11 in the morning and 1-30 to 6 in the evening. The housing conditions were reported to be fair. The source of water supply was from three surface wells.

MAYANGON QUARRY.—It is reported that about 100 permanent and 40 temporary coolies were employed in this area. The working hours were from 6 to 11 a.m. and 2 to 5 p.m. The housing and general sanitation of the place was reported to be fair and rubbish was collected at intervals and burnt. There were six pit latrines for use in the camp. The water supply was from two pucca wells, one of which was provided with pulley, ropes and bucket.

TAUNGZUN QUARRY.—Of the 85 coolies employed in three different sites in this place, about 35 were females who were put on light work. No special latrine accommodation was provided at the place of work. The coolies lived in the local village. It is reported that the general sanitation of the place was fair.

APPENDIX D.

ANNUAL REPORT OF THE HEALTH OFFICER OF THE PORT OF RANGOON FOR THE YEAR 1932.

Inspection of Incoming Seagoing Vessels.

1. VESSELS VISITED.—(a) Vessels from Indian and foreign ports numbered 1,248 or 312 less than in 1931; they carried 116,300 members of crew and 282,666 passengers, the latter figure being an increase of 1,039 over that of 1931.

Besides the above, the number of passengers from the ports of Burma examined by this department was 6,904. These passengers embarked at Akyab, Kyaukpyu and Sandoway on vessels which were on their way to Rangoon from Indian ports.

(b) Of the above vessels, 834 were from Indian ports and 414 from foreign ports.

(c) Summary of vaccination performed by the Port Health Department—

Crew and passengers of incoming vessels	...	174,448
Crew and passengers of outgoing vessels	...	1,176
Crew and passengers of riverine vessels	...	88
Crew and passengers of harbour vessels	...	340
New crew and light-house keepers	...	1,962
		<hr/>
		178,014

This statement shows a large number of vaccinations performed by the staff and constitutes a very important preventive measure against smallpox, not only for Rangoon but for the whole Province.

2. REGULATIONS UNDER WHICH VESSELS WERE VISITED.

(A) General Department Notification No. 73, dated the 13th March 1917 (Parts I to VII).—The total number of vessels inspected under this notification was 577 as detailed below. These comprise (a) cargo

vessels carrying no passengers, (b) vessels reported as arriving with cases of infectious illness, and (c) vessels on which deaths from non-infectious diseases were reported to have occurred after leaving the last port of call. The details of these three classes of vessels are as follows :—

(a) Vessels inspected	...	544	(Out of which 99
Crew inspected	...	33,356	oil steamers with
			a total crew
			of 6,182 were
			inspected by the
			companies' doc-
			tors).

(b) Infectious Diseases.—Forty-three cases of infectious diseases (27 more than in 1931) were reported by the commanders on 23 vessels.

3 cases of cholera	...	1 removed to Rangoon mortuary. 2 left at other ports.
1 case of smallpox	...	Left at other port.
37 cases of chickenpox	...	7 left at other ports, 30 removed to Contagious Diseases Hospital, Rangoon.
2 cases of measles	...	Removed to Contagious Diseases Hospital, Rangoon.

Fourteen cases of chickenpox were detected by this department on three of the above vessels. These were subsequently removed to the Contagious Diseases Hospital, Rangoon, for treatment.

(c) Ten deaths from non-infectious diseases were reported on 10 vessels.

A statement showing the number of infectious cases occurring on incoming vessels during the last ten years is attached to the report.

(B) Burma Vaccination Law Amendment Act IV of 1928 brought into force from the 1st August 1928.—Six hundred and seventy-one vessels were inspected under this Act, on 23 of which 38 cases of infectious diseases were detected during inspection, *viz.*, 4 cases of smallpox, 33 cases of chickenpox and 1 case of measles. It will be noted that all these cases were not reported but were detected by the Port Health Staff during the course of inspection for vaccinations. Without such inspection they would have escaped detection and would have been the means of spreading infection in the town and Province.

The number of passengers inspected under the Vaccination Act was 289,570. Of these, 116,312 were found to be protected against smallpox. The balance of 173,258 were vaccinated. Members of crew examined under the Act totalled 116,300 and of these 1,190 found unprotected were vaccinated.

Nineteen cripples and 16 lepers were found during the inspection of passengers. Of these, only 3 lepers had been reported by commanders of vessels. Six lepers were sent to the leper asylum and the rest were allowed to proceed to their destinations.

3. DISINFECTION.—Disinfection of the effects of 872 members of crew and 438 passengers was carried out.

4. SEGREGATION.—*Nil*.

5. RIVERINE VESSELS.—Two vessels and 35 members of crew underwent disinfection. One case of cholera, 1 case of smallpox, 2 cases of ordinary illness and 4 deaths from ordinary diseases were reported.

A statement showing the number of infectious cases occurring on riverine vessels during the past ten years is attached to the report.

6. VESSELS IN HARBOUR.—Sixteen vessels and 786 members of crew underwent disinfection. Three cases of cholera, 3 cases of smallpox, 10 cases of chickenpox, 3 cases of suspicious illness and 3 deaths from ordinary diseases were reported.

A statement showing the number of infectious cases occurring on harbour vessels during the past ten years is attached to the report.

Inspection of Outgoing Seagoing Vessels.

7. There were 564 vessels proceeding to ports beyond India or 38 less than in 1931.

All the members of Asiatic and African crews, 37,705 in number, and all deck passengers, 16,282 in number, had their effects disinfected. Eleven thousand one hundred and ninety-six European crew and 4,593 saloon passengers were inspected.

Two hundred and eighty-three members of crew and 893 passengers were vaccinated.

Three thousand six hundred and seventy-seven baggage coolies were inspected and their body clothes and uniforms were disinfected in steam prior to their handling passengers' baggage.

Temperature was tested on 96 members of crew and passengers. Of these, 5 were found to have normal temperature, 4 to be suffering from chickenpox, 2 from measles. Of the remaining 85 passengers and crew, 47 were allowed to embark on the commanders' responsibility, 34 were sent to different hospitals in Rangoon for observation and treatment, and 4 were allowed to go to their residences.

No case of plague is known to have developed among the crew or passengers of these vessels on their outward voyage and no case of rat-plague was reported.

A statement showing the number of infectious cases occurring on outgoing vessels during the past ten years is attached to the report.

8. Inspection of measures to prevent ingress of rats into vessels at wharves were frequently carried out.

9. New members inspected prior to signing on the ship's articles were 3,173. Of these, 3,141 were passed fit and 32 rejected, *viz.*, 5 for hernia, 6 for scabies, 12 for venereal disease, 5 for ring-worm, 2 for hydrocele, 1 for wounded leg and 1 for hernia-hydrocele.

Miscellaneous Transactions and Remarks.

10. PORT OFFICE PERSONNEL.—Two hundred and nine were examined and found fit.

11. (a) FUMIGATION OF VESSELS.—Twenty-four vessels were fumigated to comply with the measures in force at the ports of destination.

(b) Deratization exemption certificates were issued to 10 vessels after inspection. Some proposals for more effective fumigation of vessels in port are at present under consideration of Government. Sulphur of good quality is purchased locally as occasion demands.

12. INOCULATION AGAINST CHOLERA.—Two hundred and seventy-four persons were reported to have been inoculated with cholera vaccine on one vessel.

13. The disinfection stoves were worked for 967 hours.

14. Non-infectious cases detected numbered 1,097.

15. INSPECTION OF PROVISIONS FOR LASCAR CREWS.—The provisions for Asiatic crew on 92 ships were examined. Twenty-four samples were taken and analysed by the Public Analyst, Harcourt Butler Institute of Public Health, Rangoon.

They were as follows :—

			Good.	Bad.
11 samples of ghee	...	...	7	4
1 sample of milk	...	...	1	...
10 samples of rice	...	...	4	6
1 sample of condensed milk	...	...	1	...
1 sample of tea	...	...	1	...
			<hr/> 14	<hr/> 10*

* Replaced by articles of good quality.

16. PORT COMMISSIONERS' AREA. (a) *Sanitation*.—The sanitation of the Port Commissioners' area which runs from the north side of the river from Neikban to Monkey Point and then to Salt Depôt was under my charge. The 1931 census gives the population of the area as 16,926. The following staff was employed by the Port Commissioners :—

Sanitary inspector	...	...	...	1
Assistant sanitary inspectors	...	...	...	2
Sanitary sub-inspector	...	...	...	1
Sanitary clerk	...	...	...	1
Sanitary jemadars	...	...	...	2
Sanitary maistries	...	...	...	7
Permanent coolies	...	...	...	78
Temporary coolies	...	...	...	23

The sanitation of the area was kept at a high standard.

(b) *Vaccination*.—The annual vaccination of all the employees of the Port Commissioners was commenced on the 29th January and lasted till the 29th February 1932. All employees were examined and those found unprotected were vaccinated. The total number of vaccinations was 2,795. No case of smallpox occurred in the area during the year.

(c) *Ratting and Trapping*.—The total number of rats destroyed during the year was 9,612. One thousand nine hundred and sixty-nine rats were sent to the municipal laboratory for examination. Out of these, 3 rats were found to be infected with plague. No case of human plague occurred in the area during the year.

(d) *Inspection of Meat and Food*.—Inspection of imported food is done by the Municipal Health Department. In cases where a consignment is not taken delivery of, for some time, on account of its being unsatisfactory, the Port Health Officer is requested by the Traffic Department to do the inspection and recommend regarding its disposal. Fourteen such inspections were carried out during the year.

17. PORT HEALTH STAFF.—The staff has worked to my satisfaction.

J. A. ANKLESARIA, M.B., B.S., D.P.H.,

Port Health Officer, Rangoon.

TABLE No. I.—Details of Incoming Seagoing Vessels inspected during the year 1932.

Month.	From Indian Ports.							From Foreign Ports.							Total.	
	Number of vessels.	Number of crew.	Number of Passengers.				Number of vessels.	Number of crew.	Number of Passengers.				Number of vessels.	Number of crew.		
			Males.	Females.	Boys.	Girls.			Total.	Males.	Females.	Boys.			Girls.	Total.
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)
January	73	7,114	19,180	1,318	538	360	21,396	29	2,404	637	178	30	27	872	102	9,518
February	80	7,180	22,624	1,631	697	536	25,488	42	3,377	695	170	48	48	961	122	10,557
March	54	6,280	18,911	1,665	710	570	21,856	53	3,723	1,007	231	81	57	1,376	107	10,003
April	76	7,137	15,192	1,613	666	569	18,040	38	3,375	782	169	94	83	1,128	114	10,512
May	73	7,173	22,242	2,370	1,265	890	26,767	45	3,438	985	175	58	55	1,273	118	10,611
June	65	6,049	17,459	1,659	1,053	523	20,694	29	2,622	809	126	69	33	1,037	94	8,671
July	70	6,841	14,081	1,265	641	413	16,400	37	3,042	748	168	80	75	1,071	107	9,883
August	59	5,695	13,815	1,230	594	371	16,010	29	2,914	817	147	75	47	1,086	88	8,609
September	67	6,434	14,882	1,446	739	437	17,504	26	2,468	669	145	58	45	917	93	8,902
October	70	6,697	18,630	1,566	835	493	21,524	26	2,641	1,172	368	92	123	1,755	96	9,338
November	77	7,287	32,334	1,603	745	506	35,188	27	2,352	1,086	358	161	138	1,743	104	9,639
December	70	6,927	30,081	1,778	950	517	33,326	33	3,130	1,655	287	128	88	2,158	103	10,057
Total	834	80,814	239,431	19,144	9,433	6,185	274,193*	414	35,486	11,062	2,522	974	819	15,377	1,248	116,300

* Includes 6,904 passengers from Burma Ports who were inspected by the Port Health Department, Rangoon.

TABLE NO. I.—*Details of Incoming Seagoing Vessels inspected during the year 1932.*

Month.	Total—concl'd.				Medical Inspection and Observation.												
	Number of passengers.				Total inspected.		For temperature.		For vaccination.		Disinfection.						
	Males. (18)	Females. (19)	Boys. (20)	Girls. (21)	Total. (22)	Crew. (23)	Passengers. (24)	Tested. (25)	Sick. (26)	Crew.		Passengers.		Vessels. (31)	Effects of		
										Found protected. (27)	Vaccinated on wharf. (28)	Found protected. (29)	Vaccinated on wharf. (30)		Crew. (32)	Passengers. (33)	
(1)																	
January	19,817	1,496	568	387	22,268	9,518	22,268	55	45	9,492	26	10,173	12,095	2	97	...	...
February	23,319	1,801	745	584	26,449	10,557	26,449	88	79	10,301	256	8,806	17,643	7	24	...	...
March	19,918	1,896	791	627	23,232	10,003	23,232	85	73	9,422	581	8,033	15,199	8	275	182	128
April	15,974	1,782	760	652	19,168	10,512	19,168	77	65	10,440	72	7,635	11,533	9	74	...	...
May	23,227	2,545	1,323	945	28,040	10,611	28,040	100	88	10,487	124	11,447	16,593	7	165	...	...
June	18,268	1,785	1,122	556	21,731	8,671	21,731	126	111	8,648	23	9,579	12,152	6	90	...	...
July	14,829	1,433	721	488	17,471	9,883	17,471	71	60	9,828	55	7,976	9,495	...	...	...	128
August	14,632	1,377	669	418	17,096	8,609	17,096	98	86	8,600	9	7,761	9,335	3	146	...	...
September	15,551	1,591	797	482	18,421	8,902	18,421	140	120	8,886	16	7,818	10,603	...	...	...	...
October	19,802	1,934	927	616	23,279	9,338	23,279	154	134	9,325	13	10,701	12,578	1	...	...	...
November	33,420	1,961	906	544	36,931	9,639	36,931	186	161	9,628	11	13,729	23,202	2	...	...	...
December	31,736	2,065	1,078	605	35,484	10,057	35,484	88	73	10,053	4	12,654	22,830	1	...	...	...
Total	250,493	21,666	10,407	7,004	289,570	116,300	289,570	1,268	1,095	115,110	1,190	116,312	173,258	46	872	438	438

TABLE NO. II.—Details of Outgoing Seagoing Vessels bound for Ports beyond India inspected during the year 1932.

Month.	Shore Inspection.																Results of Inspection.			
	(1)	(2)	Deck Passengers.					(9)	Saloon Passengers.					(15)	(16)	Temperatures.				
			(3)	(4)	(5)	(6)	(7)		(8)	(10)	(11)	(12)	(13)			(14)	(17)	(18)	(19)	(20)
			Asiatic crew.	Males.	Females.	Boys.	Girls.	Total.	European crew.	Males.	Females.	Boys.	Girls.	Total.	Passes to relatives and friends.	Baggage coolies.	Tested.	Normal.	Allowed on medical certificate or at Commanders' request.	Cases detained.
January	...	46	3,275	1,102	125	55	51	1,333	1,512	214	120	18	15	367	18	318	6	3	1	2
February	...	58	3,722	662	110	36	37	845	1,036	200	149	32	30	411	14	230	5	...	3	2
March	...	63	3,831	1,222	239	94	95	1,650	1,131	321	197	36	28	582	47	386	5	...	1	4
April	...	53	3,364	1,093	210	93	88	1,484	941	355	191	58	40	654	33	448	14	...	6	8
May	...	55	3,455	1,023	127	78	103	1,331	931	231	122	39	15	407	69	237	12	...	3	9
June	...	40	2,760	1,111	155	72	56	1,394	803	153	66	20	...	239	19	287	13	...	8	5
July	...	44	2,995	1,027	154	96	66	1,343	871	231	96	34	35	396	29	374	11	...	7	4
August	...	40	2,735	732	116	76	50	974	770	172	67	33	22	294	19	277	2	...	...	2
September	...	45	3,187	1,071	167	93	74	1,405	878	159	83	27	25	294	17	345	13	2	8	3
October	...	34	2,317	791	102	49	44	986	644	194	110	28	26	358	11	208	5	...	4	1
November	...	39	2,691	1,483	222	62	56	1,823	783	151	100	17	19	287	33	208	2	...	2	...
December	...	47	3,373	1,419	163	81	51	1,714	896	183	86	19	16	304	19	359	8	...	4	4
Total	...	564	37,705	12,736	1,890	885	771	16,282	11,196	2,574	1,387	361	271	4,593	328	3,677	96	5	47	44

TABLE NO. II.—Details of Outgoing Seagoing Vessels bound for Ports beyond India inspected during the year 1932.

Month.	Diseases.				Disposal of Sick.					Disinfection.				Fumigation with Clayton Apparatus at agent's request.				Vaccination.		
	Plague. (21)	Measles. (22)	Chickenpox. (23)	Fever and other ailments. (24)	Civil General Hospital. (25)	Municipal Observation Hospital. (26)	Contagious Diseases Hospital. (27)	Passengers' residence. (28)	Indo-Burma Medical Hall. (29)	Asiatic crew and deck passengers. (30)	Boots and shoes. (31)	Baggage coolies. (32)	Boxes. (33)	Vessels. (34)	Sulphur consumed. (35)	Time spent. (36)	Amount realized. (37)	Passengers. (38)	Crew. (39)	
January	2	...	2	...	...	...	4,608	237	318	687	2	2,400	35	45	895	58	18
February	2	1	1	...	...	...	4,567	369	230	936	5	7,178	73	00	1,878	254	25
March	4	3	1	...	...	...	5,481	222	386	866	5	5,320	66	00	2,090	260	50
April	2	6	2	4	...	...	...	4,848	302	448	820	3	4,070	48	00	1,405	110	40
May	9	5	4	...	...	...	4,786	588	237	862	2	2,400	28	30	780	54	20
June	5	1	3	...	1	...	4,154	430	287	554	1	1,400	17	15	525	40	68
July	4	2	1	...	1	...	4,338	531	374	610	2	2,350	28	35	795	53	20
August	2	...	1	...	1	...	3,709	421	277	510	1	1,540	7	00	465	...	...
September...	...	1	...	2	...	2	...	...	...	4,592	369	345	745	3	3,000	38	15	1,210	23	20
October	1	...	1	...	...	...	3,303	164	208	477	...	...	...	...	...	9	5
November...	4,514	232	208	639	...	...	...	...	...	4	7
December...	...	1	2	1	...	...	3	1	...	5,087	278	359	599	...	...	...	...	...	28	10
Total	2	4	38	14	20	6	4	...	53,987	14,143	3,677	8,305	24	29,658	342	20	10,043	893	283

TABLE NO. III.—Statement showing Infectious and other diseases reported and detected on Incoming Seagoing and Riverine Vessels during the year ending the 31st December 1932.

Diseases.	Seagoing.				Riverine.		In Port.		Disposal of Cases.								Corpses.				Remarks.			
	Number of vessels.	Cases.			Number of vessels.	Cases.	Number of vessels.	Cases.	Hospitals.						Left at other Ports.	Other Hospitals.	Total.	Buried at sea.	Rangoon Mortuary.	Buried by relatives.		Left at other Ports.	Total.	
		Total.	Reported.	Detected.					Contagious Diseases.	Observation.	Rangoon General Hospital.	Military.	Leper.	Residence.										Left on board.
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)	(18)	(19)	(20)	(21)	(22)	(23)	(24)	(25)
Plague
Cholera
Smallpox
Chickenpox
Measles
Mumps
Typhoid
Cerebro-spinal meningitis
Influenza
Dengue
Suspicious illness
Ordinary illness
Leprosy
Enlarged glands
Deaths (ordinary)
Total

Statement showing all Infectious and Ordinary Diseases which occurred on all Incoming Seagoing Vessels during the period 1923 to 1932.

Years. (1)	Plague. (2)	Cholera. (3)	Smallpox. (4)	Chickenpox. (5)	Measles (6)	Influenza. (7)	Dengue. (8)	Typhoid. (9)	Cerebrospinal Meningitis. (10)	Mumps. (11)	Enlarged Glands. (12)	Kala Azar. (13)	Leprosy. (14)	Suspicious illness. (15)	Ordinary illness. (16)	Total. (17)	Deaths. (18)
1923	1	10	13	48	13	64	31	3	1	5	24	...	...	2,658	44	2,915	11
1924	1	4	9	33	6	25	5	...	...	5	27	1	25	2,097	55	2,293	9
1925	...	11	20	43	6	7	2	1	3	8	35	...	14	3,029	72	3,251	17
1926	...	11	10	29	14	10	1	3	2	10	21	...	23	2,432	56	2,622	25
1927	1	10	13	24	14	1	2	...	2	3	5	...	12	1,572	380	2,039	18
1928	1	11	12	39	21	19	2	1	...	10	2	...	10	1,121	341	1,590	24
1929	...	14	8	30	5	3	1	...	1	18	1	...	19	624	329	1,053	16
1930	...	3	12	36	12	2	1	...	...	9	4	...	24	499	198	800	14
1931	...	4	4	22	7	1	...	...	1	7	...	...	24	626	239	935	17
1932	...	3	5	84	3	1	...	...	...	3	...	..	16	714	256	1,085	10
Total	4	81	106	388	101	133	45	8	10	78	119	1	167	15,372	1,970	18,583	161

Statement showing all Infectious and Ordinary Diseases which occurred on all Outgoing Seagoing Vessels during the period 1923 to 1932.

Years. (1)	Plague. (2)	Cholera. (3)	Smallpox. (4)	Chickenpox. (5)	Measles. (6)	Influenza. (7)	Dengue. (8)	Typhoid. (9)	Cerebrospinal Meningitis. (10)	Mumps. (11)	Enlarged Glands. (12)	Kala Azar. (13)	Leprosy. (14)	Suspicious illness. (15)	Ordinary illness. (16)	Total (17)	Deaths (18)
1923	2	...	...	...	1	8	1	...	...	1	...	...	...	86	...	99	...
1924	...	...	...	1	...	5	...	...	1	...	...	...	...	63	...	70	...
1925	1	...	4	4	...	...	...	...	...	...	...	...	...	110	...	119	...
1926	...	...	...	...	...	...	...	...	...	...	...	...	...	79	...	79	...
1927	...	1	...	1	1	...	...	...	...	...	...	...	...	70	...	73	...
1928	...	...	2	2	...	...	...	...	...	...	...	...	...	64	...	68	...
1929	...	...	1	4	...	...	...	...	...	...	...	...	...	49	...	54	...
1930	...	...	1	1	...	...	...	...	...	...	...	...	...	22	...	24	...
1931	...	...	...	4	...	...	...	...	...	...	...	...	...	162	...	166	...
1932	...	...	...	4	2	...	...	...	...	...	...	...	...	85	...	91	...
Total	3	1	8	21	4	13	1	...	1	1	...	...	...	790	...	843	...

Statement showing all Infectious and Ordinary Diseases which occurred on all Riverine Vessels during the period 1923 to 1932.

Years.	(1)	(2) Plague.	(3) Cholera.	(4) Smallpox.	(5) Chickenpox.	(6) Measles.	(7) Influenza.	(8) Dengue.	(9) Typhoid.	(10) Cerebrospinal Meningitis.	(11) Mumps.	(12) Enlarged Glands.	(13) Kala Azar.	(14) Leptosy.	(15) Suspicious illness.	(16) Ordinary illness.	(17) Total.	(18) Deaths.
1923	...	1	7	6	...	...	...	...	...	...	...	...	...	...	1	...	15	1
1924	...	2	4	5	...	...	...	...	...	...	...	...	...	...	4	...	15	...
1925	2	...	...	...	...	...	...	...	...	...	...	...	...	2	2
1926	18	...	...	...	...	...	1	...	...	...	...	...	2	...	21	4
1927	4	...	2	...	...	...	...	...	...	...	...	...	...	1	7	...
1928	4	2	...	...	...	...	...	...	...	...	...	...	4	...	10	4
1929	2	...	...	...	...	...	...	...	...	...	...	...	1	...	3	2
1930	...	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	2	1
1931	1	...	...	1	2
1932	1	1	...	...	...	...	...	...	...	...	...	...	...	2	4	4
Total	...	4	41	16	2	...	...	...	1	...	...	...	...	1	12	3	80	20

Statement showing all Infectious and Ordinary Diseases which occurred on all Vessels in Harbour during the period 1923 to 1932.

Years.	(1)	Plague.	(2)	Cholera.	(3)	Smallpox.	(4)	Chickenpox.	(5)	Measles.	(6)	Influenza.	(7)	Dengue.	(8)	Typhoid.	(9)	Cerebrospinal Meningitis.	(10)	Mumps.	(11)	Enlarged Glands.	(12)	Kala Azar.	(13)	Leprosy.	(14)	Suspicious illness.	(15)	Ordinary illness.	(16)	Total.	(17)	Deaths.	(18)
1923		5		...		2		...		...		...		...		...		...		...	...	...	...	...	...	3	...	10	...		
1924	...	1		1		...		...		...		...		...		1		1		2		...	...	...	...	...	...	12	...	18	1
1925	...	1		3		5		2		...		...		...		...		...		...		...	...	...	...	...	...	9	...	20	1
1926	...	1		8		...		3		...		...		...		...		...		1		...	...	...	...	...	...	3	1	17	3
1927		9		4		5		...		...		...		...		...		1		...	...	...	...	...	...	...	...	19	2		
1928		6		4		3		1		...		...		...		...		1		...	...	...	...	...	...	2	...	17	1		
1929		6		3		3		2		...		...		...		...		...		...	...	...	...	...	...	...	25	39	3		
1930		2		3		1		...		...		...		2		...		...		...	...	...	...	...	...	...	2	10	4		
1931		1		...		5		1		7		...		...		...		1		...	...	...	...	...	...	...	4	19	2		
1932		3		3		10		...		...		...		...		...		1		...	...	...	...	...	...	2	...	19	3		
Total	...	3		44		22		34		4		7		...		3		1		7		...	...	...	...	...	...	31	32	188	20

STATEMENT A.—Statement showing Total Income from all sources and

Name of Division.		Total receipts including opening balance.	Total Ex- penditure on Public Health purposes.	Amount			
				Water supply.		Drainage.	
				Capital outlay.	Establish- ment, repairs, etc.	Capital outlay.	Establish- ment, repairs, etc.
		Rs.	Rs.	Rs.	Rs.	Rs.	Rs.
Towns in—							
Arakan Division	...	4,35,157	1,72,745	582	17,188	220	113
Pegu Division	...	1,92,63,444	40,06,062	89,549	7,70,400	38,953	3,30,237
Irrawaddy Division	...	18,98,600	4,64,128	1,387	36,075	4,618	12,438
Tenasserim Division	...	16,00,647	3,48,763	161	31,351	600	4,906
Magwe Division	...	6,74,736	2,45,854	2,220	56,783	...	7,491
Mandalay Division	...	27,11,334	7,10,888	6,826	65,463	...	28,866
Sagaing Division .	...	6,02,470	1,74,371	14,020	16,240	157	1,547
Total	...	2,71,85,788	61,22,811	1,14,745	9,93,500	44,548	3,85,598
Districts in—							
Arakan Division	...	7,04,508	49,780	375	...	...	...
Pegu Division	...	24,82,557	2,30,288	1,772	5,765	...	...
Irrawaddy Division	...	28,47,218	2,47,745	5,048	1,145	...	...
Tenasserim Division	...	41,82,698	73,163	3,082	...	...	...
Magwe Division	...	9,58,329	1,18,805	203	7,377	...	...
Mandalay Division	...	15,97,054	1,14,821	1,564	25,520	...	...
Sagaing Division	...	14,42,655	1,34,531	...	3,951	145	702
Total	...	1,42,15,019	9,69,133	12,044	43,758	145	702
GRAND TOTAL, BURMA	...	4,14,00,807	70,91,944	1,26,789	10,37,258	44,693	3,86,300
Federated Shan States—							
Towns	...	2,36,223	79,052	...	21,587	...	5,380
Rural areas	...	54,20,559	78,294	3,850	2,470	...	...
Total	...	56,56,782	1,57,346	3,850	24,057	...	5,380

Expenditure on Public Health purposes during the financial year 1931-32.

spent on

Conservancy (including road cleaning and watering) and latrines.	Epidemic charges (includ- ing plague)	Vaccination.	Registration of births and deaths.	Markets and slaughter-houses.	Charges on account of Health Officers and Public Health Inspectors.	Other sanitary requirements.
Rs.	Rs.	Rs.	Rs.	Rs.	Rs.	Rs.
73,194	499	2,206	1,537	58,699	11,810	6,697
18,81,579	4,214	1,50,875	3,593	3,72,956	3,59,391	4,285
2,48,185	11,001	9,963	14,517	86,311	35,859	3,774
2,04,205	2,124	7,417	7,697	56,621	30,095	3,586
1,13,404	3,900	5,313	2,109	36,192	16,112	2,290
3,83,498	3,131	9,387	8,078	1,36,301	56,761	12,577
86,828	509	3,978	1,416	34,262	7,385	8,029
29,90,893	25,448	1,89,139	38,947	7,81,342	5,17,413	41,238
8,502	889	20,699	...	10,328	7,966	1,021
48,448	5,140	49,892	...	91,424	26,927	920
42,799	2,289	60,951	...	1,14,867	20,239	407
15,590	1,240	43,985	...	3,866	4,748	652
33,602	467	37,589	...	31,499	6,567	1,501
35,029	4,017	27,871	...	11,356	8,858	606
46,973	1,267	47,868	...	18,692	13,985	948
2,30,943	15,309	2,88,855	...	2,82,032	89,290	6,055
32,21,836	40,757	4,77,994	38,947	10,63,374	6,06,703	47,293
34,312	...	840	583	12,749	3,492	109
36,229	82	27,990	...	...	5,210	2,463
70,541	82	28,830	583	12,749	8,702	2,572

STATEMENT B.—Statement of Public Health Staff employed by Local Health Authorities in Burma during 1932.

(1)	(2)	(3)	(4)	Health Officers.		(7)	(8)	(9)	(10)	(11)	(12)
				Part-time.	Co-opted.						
<i>Urban—</i>											
1. Corporation of Rangoon	1	1	...	...	...	4	13	39	...	25	1
2. Municipalities over 20,000 population	14	8	...	...	6	1	7	30	...	24	4
3. Municipalities between 10,000 & 20,000	12	...	1	1	11	...	...	12	...	12	1
4. Municipalities under 10,000 population	31	...	2	...	29	...	...	27	...	27	...
5. Notified Areas	19	...	...	...	16	...	...	12	...	11½	1
<i>Rural—</i>											
1. District Councils' Areas, ...	28	3	...	...	17	3	...	42	29	203	...
2. Deputy Commissioner's Local Fund Areas.	22	...	...	...	8	...	...	4	6	53½	...
3. Excluded Areas (Shan States)	2	...	...	...	2	...	...	...	4	41	...
4. Provincial Fund Areas (Chin Hills) ...	1	...	...	...	...	...	...	...	1	6	...
<i>Special—</i>											
1. Burma Railways	...	...	...	4	...	32	...	7	...	...	...
2. Burma Corporation, Nanttu	...	...	...	2	...	5	...	3	...	...	...
3. Oil Fields, Yenangaung ...	...	...	...	1	...	3	...	...	...	...	...
4. Oil Fields, Singu	...	...	...	1	...	2	...	1	...	...	...
5. B.O.C. Refinery, Syriam ...	...	...	...	1	...	1	...	1	...	...	...
6. Port Commissioners, Rangoon	...	...	...	1	...	...	...	1	...	...	...
7. Hlegu Health Unit (Insein)	...	1	...	...	...	...	...	4	...	1	...
Total	...	13	3	11	89	51	20	183	40	404	7

ANNUAL STATEMENT NO. I.--Births registered in the

1	2	3			4		
No.	Divisions and Districts.	Population according to Census of 1931.			Number of births registered.		
		Male.	Female.	Total.	Male.	Female.	Total.
ARAKAN DIVISION.							
1	Akyab	338,592	296,940	635,532	7,400	6,667	14,067
2	Kyaukpyu	107,729	112,563	220,292	3,126	3,127	6,253
3	Sandoway	64,206	65,039	129,245	2,098	1,920	4,018
PEGU DIVISION.							
4	Rangoon	271,063	129,352	400,415	4,642	4,346	8,988
5	Pegu	253,960	235,851	489,811	5,718	5,317	11,035
6	Tharrawaddy	252,548	255,771	508,319	6,520	5,977	12,497
7	Hanthawaddy	218,919	189,912	408,831	4,584	4,223	8,807
8	Insein	175,519	155,933	331,452	3,456	3,185	6,641
9	Prome	203,171	207,480	410,651	6,645	6,321	12,966
IRRAWADDY DIVISION.							
10	Bassein	292,029	279,014	571,043	5,272	5,150	10,422
11	Henzada	303,750	309,530	613,280	7,298	7,130	14,428
12	Myaungmya	235,655	209,129	444,784	6,171	5,966	12,137
13	Maubin	188,770	182,739	371,509	5,523	5,220	10,743
14	Pyapôn	179,554	154,604	334,158	4,340	4,170	8,510
TENASSERIM DIVISION.							
15	Thatôn	274,942	257,686	532,628	4,798	4,552	9,350
16	Amherst	270,677	245,556	516,233	8,955	8,858	17,813
17	Tavoy	92,637	87,327	179,964	3,270	3,023	6,293
18	Mergui	85,263	76,724	161,987	2,819	2,657	5,476
19	Toungoo	220,010	208,818	428,828	4,109	3,785	7,894
MAGWE DIVISION.							
20	Thayetmyo	135,565	138,612	274,177	2,147	2,023	4,170
21	Minbu	136,662	141,214	277,876	4,750	4,483	9,233
22	Magwe	250,783	248,790	499,573	5,185	4,949	10,134
23	Pakôkku	241,137	258,044	499,181	9,769	9,702	19,471
MANDALAY DIVISION.							
24	Mandalay	191,741	179,895	371,636	7,558	7,022	14,580
25	Kyauksè	74,880	76,440	151,320	2,285	2,346	4,631
26	Meiktila	147,171	162,828	309,999	5,665	5,380	11,045
27	Myingyan	228,784	243,773	472,557	6,592	6,668	13,260
28	Yamêthin	194,318	196,502	390,820	6,502	6,356	12,858
SAGAING DIVISION.							
29	Shwebo	214,170	232,620	446,790	9,521	9,433	18,954
30	Sagaing	159,881	176,084	335,965	6,313	6,189	12,502
31	Lower Chindwin	178,543	204,891	383,434	8,448	8,262	16,710
Total		6,182,629	5,919,661	12,102,290	171,479	164,407	335,886

Districts of Burma during the year 1932. (Paragraphs 6 and 10).

5			6	7	8	9			1
Ratio of births per 1,000 of population.			Number of males born to every hundred females.	Excess of births over deaths per 1,000 of population.	Excess of deaths over births per 1,000 of population.	Mean ratio of births per 1,000 during previous five years.			No.
Male.	Female.	Total.				Male.	Female.	Total.	
11·64	10·49	22·13	111	6	...	12·69	11·55	24·24	1
14·19	14·19	28·39	100	11	...	11·97	11·55	23·52	2
16·23	14·86	31·09	109	10	...	19·18	18·02	37·20	3
11·59	10·85	22·45	107	...	2	11·30	10·83	22·14	4
11·67	10·86	22·53	108	8	...	11·88	10·95	22·83	5
12·83	11·76	24·58	109	8	...	11·55	10·86	22·41	6
11·21	10·33	21·54	109	8	...	11·96	11·44	23·40	7
10·43	9·61	20·04	109	5	...	11·74	11·03	22·77	8
16·18	15·39	31·57	105	11	...	18·04	16·48	34·52	9
9·23	9·02	18·25	102	7	...	10·49	9·89	20·38	10
11·90	11·63	23·53	102	10	...	12·48	11·77	24·25	11
13·87	13·41	27·29	103	11	...	12·46	11·77	24·22	12
14·87	14·05	28·92	106	11	...	10·65	10·22	20·87	13
12·99	12·48	25·47	104	7	...	11·74	11·22	22·96	14
9·01	8·55	17·55	105	8	...	8·63	8·06	16·69	15
17·35	17·16	34·51	101	20	...	17·57	16·50	34·07	16
18·17	16·80	34·97	108	19	...	21·07	20·52	41·59	17
17·40	16·40	33·81	106	17	...	18·64	17·80	36·44	18
9·58	8·83	18·41	109	5	...	9·60	9·03	18·62	19
7·83	7·38	15·21	106	6	...	13·76	13·37	27·13	20
17·09	16·13	33·23	106	8	...	14·67	13·78	28·45	21
10·38	9·91	20·29	105	7	...	10·81	10·57	21·38	22
19·57	19·44	39·01	101	16	...	16·17	16·09	32·26	23
20·34	18·89	39·23	108	9	...	19·98	18·26	38·23	24
15·10	15·50	30·60	97	4	...	18·46	17·99	36·45	25
18·27	17·35	35·63	105	18	...	14·83	14·51	29·34	26
13·95	14·11	28·06	99	14	...	11·12	11·04	22·16	27
16·64	16·26	32·90	102	14	...	16·51	16·01	32·52	28
21·30	21·11	42·42	101	18	...	17·41	16·92	34·33	29
18·79	18·42	37·21	102	17	...	15·43	15·02	30·44	30
22·03	21·55	43·58	102	18	...	16·96	16·49	33·46	31
14·17	13·58	27·75	104	10	...	13·60	12·95	26·55	

ANNUAL STATEMENT NO. II.—Statement of Births and Deaths registered in the District

1	2	3	4	5			6		7		
No.	Divisions and Districts.	Area in square miles.	Average population per square mile.	Population (Census 1931).			Births.		Number of deaths registered.		
				Male.	Female.	Total.	Total number.	Birth-rate per 1,000 of population.	Male.	Female.	Total.
	ARAKAN DIVISION.										
1	Akyab ...	4,505	141·07	338,592	296,940	635,532	14,067	22·13	5,377	4,763	10,140
2	Kyaukpyu ...	4,767	46·21	107,729	112,563	220,292	6,253	28·39	1,886	1,846	3,732
3	Sandoway ...	4,157	31·09	64,206	65,039	129,245	4,018	31·09	1,433	1,257	2,690
	PEGU DIVISION.										
4	Rangoon ...	77	5,200·19	271,063	129,352	400,415	8,988	22·45	6,017	3,858	9,875
5	Pegu ...	4,124	118·77	253,960	235,851	489,811	11,035	22·53	3,858	3,285	7,143
6	Tharrawaddy ...	2,815	180·58	252,548	255,771	508,319	12,497	24·58	4,637	3,792	8,429
7	Hanthawaddy ...	1,931	211·72	218,919	189,912	408,831	8,807	21·54	2,957	2,476	5,433
8	Insein ...	1,914	173·17	175,519	155,933	331,452	6,641	20·04	2,771	2,364	5,135
9	Prome ...	2,938	139·77	203,171	207,480	410,651	12,966	31·57	4,472	4,181	8,653
	IRRAWADDY DIVISION.										
10	Bassein ...	4,145	137·77	292,029	279,014	571,043	10,422	18·25	3,257	2,967	6,224
11	Henzada ...	2,782	220·45	303,750	309,530	613,280	14,428	23·53	4,258	4,059	8,317
12	Myaungmya ...	2,815	158·00	235,655	209,129	444,784	12,137	27·29	3,772	3,504	7,276
13	Maubin ...	1,642	226·25	188,770	182,739	371,509	10,743	28·92	3,507	3,244	6,751
14	Pyapôn ...	2,076	160·96	179,554	154,604	334,158	8,510	25·47	3,345	2,884	6,229
	TENASSERIM DIVISION.										
15	Thatôn ...	4,870	109·37	274,942	257,686	532,628	9,350	17·55	2,708	2,441	5,149
16	Amherst ...	7,410	69·67	270,677	245,556	516,233	17,813	34·51	3,905	3,485	7,390
17	Tavoy ...	5,390	33·39	92,637	87,327	179,964	6,293	34·97	1,422	1,402	2,824
18	Mergui ...	10,906	14·85	85,263	76,724	161,987	5,476	33·81	1,422	1,294	2,716
19	Toungoo ...	6,456	66·42	220,010	208,818	428,828	7,894	18·41	3,046	2,706	5,752
	MAGWE DIVISION.										
20	Thayetmyo ...	4,642	59·06	135,565	138,612	274,177	4,170	15·21	1,291	1,286	2,577
21	Minbu ...	3,594	77·32	136,662	141,214	277,876	9,233	33·23	3,523	3,428	6,951
22	Magwe ...	3,724	134·15	250,783	248,790	499,573	10,134	20·29	3,319	3,095	6,414
23	Pakôkku ...	5,356	93·20	241,137	258,044	499,181	19,471	39·01	5,738	5,886	11,624
	MANDALAY DIVISION.										
24	Mandalay ...	2,115	175·71	191,741	179,895	371,636	14,580	39·23	5,867	5,269	11,136
25	Kyauksè ...	1,245	121·54	74,880	76,440	151,320	4,631	30·60	2,028	2,009	4,037
26	Meiktila ...	2,238	138·52	147,171	162,828	309,999	11,045	35·63	2,900	2,668	5,568
27	Myingyan ...	2,710	174·38	228,784	243,773	472,557	13,260	28·06	3,441	3,257	6,698
28	Yamèthin ...	4,196	93·14	194,318	196,502	390,820	12,858	32·90	3,768	3,485	7,253
	SAGAING DIVISION.										
29	Shwebo ...	5,749	77·72	214,170	232,620	446,790	18,954	42·42	5,483	5,425	10,908
30	Sagaing ...	1,878	178·90	159,881	176,084	335,965	12,502	37·21	3,393	3,242	6,635
31	Lower Chindwin ...	3,681	104·17	178,543	204,891	383,434	16,710	43·58	4,772	4,989	9,761
	Total ...	116,848	103·57	6,182,629	5,919,661	12,102,290	335,886	27·75	109,573	99,847	209,420

of Burma during the year 1932. (Paragraphs 6, 10, 18, 19, 23, 25, 27, 31, 33 and 34.)

8	9											10			1
Number of deaths of males to every hundred deaths of females.	Deaths per 1,000 of population from											Mean ratio of deaths per 1,000 during previous five years.			No.
	Cholera.	Small-pox.	Plague.	Fever.	Dysentery and Diarrhoea.	Respiratory diseases.	Injuries.	All other causes.	All causes.			Male.	Female.	Total.	
									Male.	Female.	Total.				
113	1.43	0.13	...	9.92	0.42	0.82	0.14	3.10	15.88	16.04	15.96	18.59	19.26	18.90	1
102	0.49	...	...	7.26	0.52	0.08	0.15	8.44	17.51	16.40	16.94	17.47	16.25	16.84	2
114	...	0.23	...	10.11	0.43	0.25	0.39	9.39	22.32	19.33	20.81	22.48	20.75	21.61	3
156	0.01	1.23	0.07	0.81	1.34	7.49	0.64	13.07	22.20	29.83	24.66	26.51	35.89	29.44	4
117	0.01	0.02	0.09	3.86	0.20	0.46	0.51	9.43	15.19	13.93	14.58	18.93	16.88	17.96	5
122	0.00	0.13	0.31	6.22	0.80	0.78	0.68	7.59	18.36	14.83	16.58	17.54	15.17	16.35	6
119	...	0.07	0.05	3.64	0.44	0.40	0.32	8.38	13.51	13.04	13.29	14.86	15.05	14.94	7
117	0.00	0.39	0.04	5.15	0.27	0.46	0.46	8.73	15.79	15.16	15.49	18.08	17.08	17.62	8
107	...	0.06	0.31	9.14	0.31	0.81	0.45	9.99	22.01	20.15	21.07	26.61	23.23	24.89	9
110	0.00	0.08	0.12	4.64	0.41	0.91	0.23	4.51	11.15	10.63	10.90	15.33	13.90	14.63	10
105	0.00	0.06	0.11	4.41	0.36	0.50	0.28	7.85	14.02	13.11	13.56	16.89	15.38	16.13	11
108	...	0.14	0.03	3.45	0.55	0.45	0.34	11.42	16.01	16.76	16.36	17.21	15.69	16.50	12
108	0.00	0.06	0.10	4.21	0.36	0.38	0.54	12.53	18.58	17.75	18.17	15.23	14.09	14.67	13
116	0.00	0.05	...	5.47	0.63	0.64	0.51	11.34	18.63	18.65	18.64	17.29	16.59	16.97	14
111	...	0.07	0.17	4.55	0.26	0.26	0.20	4.15	9.85	9.47	9.67	11.69	11.54	11.62	15
112	0.00	0.01	...	3.29	0.61	1.35	0.37	8.70	14.43	14.19	14.32	17.15	16.60	16.89	16
101	...	0.07	...	9.56	0.21	0.61	0.31	5.00	15.35	16.05	15.69	22.52	22.13	22.33	17
110	...	...	...	8.78	0.57	0.89	0.73	5.79	16.68	16.87	16.77	19.54	18.91	19.24	18
113	0.01	0.03	0.22	6.10	0.33	0.40	0.36	5.98	13.84	12.96	13.41	16.26	14.47	15.39	19
100	0.00	0.03	0.09	4.13	0.13	0.50	0.22	4.31	9.52	9.28	9.40	21.79	21.05	21.41	20
103	0.00	...	0.08	13.98	0.29	0.31	0.48	9.87	25.78	24.28	25.01	28.59	27.50	28.03	21
107	0.00	0.02	0.16	4.47	0.23	0.36	0.35	7.25	13.23	12.44	12.84	16.99	15.97	16.52	22
97	0.01	0.01	...	11.02	0.74	0.48	0.44	10.58	23.80	22.81	23.29	25.42	24.31	24.85	23
111	0.00	2.02	1.11	7.32	0.76	3.33	0.42	15.00	30.60	29.29	29.96	34.88	32.86	33.90	24
101	...	0.35	...	10.93	0.15	0.22	0.40	14.62	27.08	26.28	26.68	35.53	34.30	34.91	25
109	0.13	0.09	0.26	5.85	0.29	0.37	0.51	10.47	19.70	16.39	17.96	23.25	21.36	22.26	26
106	0.00	0.13	0.04	2.48	0.18	0.82	0.40	10.12	15.04	13.36	14.17	18.18	17.28	17.72	27
108	...	0.07	0.05	6.46	0.20	1.02	0.29	10.47	19.39	17.74	18.56	24.01	22.06	23.03	28
101	...	0.10	0.00	12.91	0.26	0.24	0.58	10.33	25.60	23.32	24.41	30.19	27.60	28.83	29
105	...	0.50	0.14	6.25	0.26	0.45	0.39	11.75	21.22	18.41	19.75	25.88	23.34	24.54	30
96	0.01	0.56	0.13	9.70	0.51	3.34	0.57	10.65	26.73	24.35	25.46	29.06	25.85	27.33	31
110	0.09	0.21	0.13	6.27	0.43	0.98	0.40	8.81	17.72	16.87	17.30	20.65	19.62	20.15	

SUPPLEMENTARY ANNUAL STATEMENT II (a)—PROVINCIAL—*Showing (I—XII) for the*

1	2	3	4		
			Population according to Census of 1931.		
Areas.	Area in square miles.	Average population per square mile.	Male.	Female.	Total.
Pyinwa Circle of Akyab District	671	3·05	1,051	997	2,048
Arakan Hill Tracts ...	1,901	11·27	11,031	10,387	21,418
* Salween District ...	2,582	20·60	27,990	25,196	53,186
Papun Town ...	...	...	1,236	645	1,881
Chin Hills District ...	10,377	16·50	83,453	87,784	171,237
* Bhamo District ...	4,146	29·23	59,984	61,209	121,193
Bhamo Town ...	...	...	4,846	3,165	8,011
* Myitkyina District ...	12,172	14·09	90,916	80,608	171,524
Myitkyina Town ...	...	...	4,637	2,691	7,328
* Katha District ...	7,593	33·47	126,863	127,307	254,170
Katha Town ...	...	...	2,364	1,869	4,233
* Upper Chindwin District ...	12,960	15·03	99,183	95,659	194,842
Mawlaik Town ...	...	...	1,370	908	2,278
* Northern Shan States ...	21,400	29·72	331,136	304,971	636,107
Lashio Town ...	...	...	2,782	1,856	4,638
* Southern Shan States ...	40,935	22·69	471,234	457,757	928,991
Taunggyi Town ...	...	...	4,671	3,981	8,652
Kalaw Town ...	...	...	2,025	1,596	3,621
Total ...	114,737	22·27	1,302,841	1,251,875	2,554,716

* Includes

*Births and Deaths in Areas not included in the main statements
year 1932. (Paragraph 9.)*

5			6	7			8	Remarks.
Number of births registered.			Birth-rate per 1,000 of population.	Number of deaths registered.			Death-rate per 1,000 of population.	
Male.	Female.	Total.		Male.	Female.	Total.		
6	4	10	4·88	16	14	30	14·65	
288	288	576	26·89	368	274	642	29·97	
450	396	846	15·91	329	265	594	11·17	
32	17	49	26·05	33	13	46	24·46	
2,193	2,206	4,399	25·69	1,966	1,855	3,821	22·31	
1,455	1,453	2,908	23·99	1,824	1,673	3,497	28·85	
111	100	211	26·34	135	86	221	27·59	
2,097	2,065	4,162	24·26	1,841	1,587	3,428	19·99	
121	111	232	31·66	157	83	240	32·75	
3,569	3,482	7,051	27·74	2,538	2,410	4,948	19·47	
88	81	169	39·92	118	77	195	46·07	
4,248	4,099	8,347	42·83	3,263	3,142	6,405	32·87	
33	45	78	34·24	38	17	55	24·14	
5,754	5,501	11,255	17·69	6,105	5,218	11,323	17·80	
78	66	144	31·05	150	71	221	47·66	
3,967	4,122	8,089	8·71	4,297	4,042	8,339	8·98	
157	189	346	39·99	144	88	232	26·81	
44	23	67	18·50	61	33	94	25·96	
24,027	23,616	47,643	18·65	22,547	20,480	43,027	16·84	

Town.

ANNUAL STATEMENT No. III.—Deaths registered in the Districts of

1	2							
No.	Divisions and Districts.			January.	February.	March.	April.	May.
ARAKAN DIVISION.								
1	Akyab	...	...	944	872	1,075	782	485
2	Kyaukpyu	...	...	455	272	204	383	198
3	Sandoway	...	...	253	159	163	150	146
PEGU DIVISION.								
4	Rangoon	...	...	886	834	953	809	720
5	Pegu	...	...	499	456	616	432	518
6	Tharrawaddy	...	...	755	521	559	372	514
7	Hanthawaddy	...	...	402	314	269	443	381
8	Insein	...	...	350	376	324	339	366
9	Prome	...	...	689	416	574	421	447
IRRAWADDY DIVISION.								
10	Bassein	...	...	467	402	394	381	341
11	Henzada	...	...	509	491	461	436	449
12	Myaungmya	...	...	498	366	290	437	483
13	Maubin	...	...	491	361	269	315	379
14	Pyapôn	...	...	503	420	463	411	462
TENASSERIM DIVISION.								
15	Thatôn	...	...	469	312	297	354	329
16	Amherst	...	...	563	450	589	398	493
17	Tavoy	...	...	245	235	205	186	283
18	Mergui	...	...	221	275	232	233	167
19	Toungoo	...	...	425	526	506	312	312
MAGWE DIVISION.								
20	Thayetmyo	...	...	206	139	417	128	140
21	Minbu	...	...	857	491	408	604	413
22	Magwe	...	...	536	558	469	438	572
23	Pakôkku	...	...	1,058	692	731	915	911
MANDALAY DIVISION.								
24	Mandalay	...	...	976	975	845	919	1,002
25	Kyauksè	...	...	529	316	265	283	276
26	Meiktila	...	...	717	417	357	596	390
27	Myingyan	...	...	735	414	374	751	486
28	Yamèthin	...	...	683	535	603	507	569
SAGAING DIVISION.								
29	Shwebo	...	...	1,039	849	776	749	815
30	Sagaing	...	...	633	424	521	575	601
31	Lower Chindwin	...	...	983	794	744	698	741
Total				18,576	14,662	14,953	14,757	14,389
Ratio of deaths per 1,000 in each month.				18·12	15·29	14·59	14·88	14·04

Burma during each month of the year 1932. (Paragraph 10).

3							4	1
June.	July.	August.	September.	October.	November.	December.	Total deaths registered during the year.	No.
484	552	558	609	1,675	1,226	878	10,140	1
167	495	408	323	419	221	187	3,732	2
164	294	374	296	273	210	208	2,690	3
796	862	826	760	833	808	788	9,875	4
513	654	561	726	706	710	752	7,143	5
708	777	738	902	652	902	1,029	8,429	6
471	479	424	401	700	552	597	5,433	7
353	499	328	337	597	575	691	5,135	8
632	784	902	904	965	891	1,028	8,653	9
437	566	556	659	692	617	712	6,224	10
510	805	977	818	833	961	1,067	8,317	11
599	824	818	642	710	853	756	7,276	12
366	665	642	669	937	919	738	6,751	13
521	516	441	514	602	694	682	6,229	14
426	499	539	505	571	429	419	5,149	15
665	558	621	855	696	550	952	7,390	16
224	249	209	224	212	225	327	2,824	17
191	271	184	195	283	227	237	2,716	18
338	539	551	497	482	657	607	5,752	19
133	220	299	196	214	225	260	2,577	20
302	513	598	510	542	652	1,061	6,951	21
518	523	580	502	549	516	653	6,414	22
746	1,252	1,095	977	1,259	954	1,034	11,624	23
992	759	798	862	823	1,072	1,113	11,136	24
179	351	343	482	285	305	423	4,037	25
290	636	384	329	514	508	430	5,568	26
381	969	479	305	824	533	447	6,698	27
513	629	677	671	531	663	672	7,253	28
732	842	871	752	882	1,015	1,586	10,908	29
424	544	462	491	559	639	762	6,635	30
637	749	838	859	800	898	1,020	9,761	31
14,412	18,875	18,081	17,772	20,620	20,207	22,116	209,420	
14'53	18'41	17'64	17'92	20'12	20'37	21'58	17'30	

ANNUAL STATEMENT NO. IIIA.—Deaths registered in the Rural Districts

1	2						
No.	Divisions and Districts.		January.	February.	March.	April.	May.
ARAKAN DIVISION.							
1	Akyab	...	857	802	983	730	441
2	Kyaukpyu	...	450	266	200	378	193
3	Sadoway	...	242	149	161	146	141
PEGU DIVISION.							
4	Pegu	...	390	378	522	355	442
5	Tharrawaddy	...	576	336	439	288	407
6	Hanthawaddy	...	359	271	215	394	337
7	Insein	...	249	296	224	239	267
8	Prome	...	537	256	430	294	338
IRRAWADDY DIVISION.							
9	Bassein	...	349	270	276	285	252
10	Henzada	...	382	365	385	346	370
11	Myaungmya	...	420	315	244	385	419
12	Maubin	...	429	302	193	266	329
13	Pyapôn	...	448	382	423	383	428
TENASSERIM DIVISION.							
14	Thatôn	...	395	248	235	303	284
15	Amherst	...	444	335	474	275	383
16	Tavoy	...	189	185	140	134	232
17	Mergui	...	162	234	188	188	119
18	Toungoo	...	345	429	411	260	260
MAGWE DIVISION.							
19	Thayetmyo	...	123	85	365	75	97
20	Minbu	...	814	460	380	571	378
21	Magwe	...	411	447	357	356	460
22	Pakôkku	...	985	613	669	871	827
MANDALAY DIVISION.							
23	Mandalay	...	383	433	178	346	318
24	Kyaukse	...	509	303	237	259	256
25	Meiktila	...	684	399	329	577	365
26	Myingyan	...	662	352	284	648	334
27	Yamèthin	...	597	460	513	406	481
SAGAING DIVISION.							
28	Shwebo	...	980	793	719	686	754
29	Sagaing	...	582	390	445	512	540
30	Lower Chindwin	...	957	748	695	668	696
Total for Rural Districts			14,910	11,302	11,314	11,624	11,148
Ratio of deaths per 1,000			16.46	13.34	12.49	13.26	12.31

of Burma during each month of the year 1932.

3							4	1
June.	July.	August.	September.	October.	November.	December.	Total deaths registered during the year.	No.
443	502	501	550	1,616	1,162	808	9,395	1
164	489	401	319	414	215	180	3,609	2
162	287	372	292	264	204	197	2,617	3
440	567	468	625	594	607	671	6,059	4
613	636	615	799	548	784	929	6,970	5
423	430	383	355	642	511	548	4,868	6
241	356	246	248	507	469	603	3,945	7
505	599	758	759	830	743	857	6,906	8
333	432	430	527	538	484	568	4,744	9
432	681	864	710	715	857	957	7,064	10
534	765	755	584	638	793	669	6,521	11
318	608	590	610	874	839	672	6,030	12
486	469	401	465	552	632	598	5,667	13
354	450	464	430	517	371	354	4,405	14
531	438	484	669	529	429	765	5,756	15
167	191	149	177	168	173	271	2,176	16
136	227	144	147	226	176	168	2,115	17
291	450	463	396	393	585	536	4,819	18
100	162	237	143	149	155	173	1,864	19
272	475	558	482	498	613	1,012	6,513	20
434	414	467	392	454	385	499	5,076	21
692	1,198	1,028	931	1,195	890	972	10,871	22
480	267	321	392	276	398	546	4,338	23
159	338	335	470	269	295	400	3,830	24
275	598	353	310	483	481	399	5,253	25
290	888	376	233	712	430	349	5,558	26
444	546	572	593	438	580	559	6,189	27
668	775	805	690	827	968	1,534	10,199	28
384	492	421	451	505	572	701	5,995	29
615	721	812	830	766	861	995	9,364	30
11,386	15,451	14,773	14,579	17,137	16,662	18,490	168,776	
12'99	17'06	16'31	16'63	18'92	19'01	20'41	15'78	

ANNUAL STATEMENT NO. IIIB.—Deaths registered in the Towns

1	2		3				
No.	Divisions and Towns.		January.	February.	March.	April.	May.
ARAKAN DIVISION.							
1	Akyab	...	78	65	87	50	38
2	Minbya	...	9	5	5	2	6
3	Kyaukpyu	...	5	6	4	5	5
4	Sandoway	...	11	10	2	4	5
PEGU DIVISION.							
5	Rangoon	...	886	834	953	809	720
6	Pegu	...	74	45	66	61	61
7	Nyaunglebin	...	35	33	28	16	15
8	Tharrawaddy	...	20	16	11	14	17
9	Thônzè	...	33	31	17	20	17
10	Zigôn	...	31	30	7	7	16
11	Letpadan	...	31	47	45	20	15
12	Gyobingauk	...	42	34	23	15	26
13	Minhla	...	7	10	8	8	8
14	Nattalin	...	15	17	9	...	8
15	Syriam	...	23	21	19	20	19
16	Thôngwa	...	20	22	35	29	25
17	Insein	...	55	41	39	49	34
18	Thamaing	...	13	7	15	11	15
19	Kamayut	...	14	16	18	13	15
20	Thingangyun	...	9	6	21	10	24
21	Kanbe	...	10	10	7	17	11
22	Prome	...	95	98	87	76	69
23	Shwedaung	...	19	15	8	13	13
24	Paungdè	...	38	47	49	38	27
IRRAWADDY DIVISION.							
25	Bassein	...	91	101	101	87	66
26	Ngathainggyaung	...	15	5	9	7	14
27	Kyônpyaw	...	12	26	8	2	9
28	Henzada	...	59	76	48	70	55
29	Myanaung	...	51	30	25	11	12
30	Kyangin	...	17	20	3	9	12
31	Myaungmya	...	16	22	16	16	20
32	Wakèma	...	26	14	12	22	20
33	Mawlamyainggyun	...	36	15	18	14	24
34	Maubin	...	16	15	14	11	9
35	Yandoon	...	28	32	41	23	21
36	Danubyu	...	18	12	21	15	20
37	Pyapôn	...	29	22	18	10	15
38	Kyaiklat	...	26	16	22	18	19
TENASSERIM DIVISION.							
39	Thatôn	...	46	32	36	44	32
40	Kyaikto	...	28	32	26	7	13
41	Moulmein	...	102	102	94	111	88
42	Kawkareik	...	17	13	21	12	22
43	Tavoy	...	56	50	65	52	51

of Burma during each month of the year 1932.

3							4	1
June.	July.	August.	September.	October.	November.	December.	Total deaths registered during the year.	No.
39	47	51	54	52	54	64	679	1
2	3	6	5	7	10	6	66	2
3	6	7	4	5	6	7	63	3
2	7	2	4	9	6	11	73	4
796	862	826	760	833	808	788	9,875	5
58	68	73	81	90	75	60	812	6
15	19	20	20	22	28	21	272	7
23	16	16	13	19	19	17	201	8
14	25	23	20	15	21	12	248	9
13	21	17	12	17	15	13	199	10
13	25	19	22	20	26	24	307	11
24	36	25	24	14	19	13	295	12
4	12	18	6	11	11	9	112	13
4	6	5	6	8	7	12	97	14
27	31	28	33	36	28	35	320	15
21	18	13	13	22	13	14	245	16
44	57	28	30	30	39	29	475	17
19	21	11	17	18	19	21	187	18
18	27	12	19	19	12	15	198	19
16	25	20	10	11	13	13	178	20
15	13	11	13	12	23	10	152	21
75	106	80	81	75	84	92	1,018	22
15	24	17	20	21	22	31	218	23
37	55	47	44	39	42	48	511	24
81	107	97	102	124	107	119	1,183	25
10	15	11	18	13	16	17	150	26
13	12	18	12	17	10	8	147	27
49	84	65	56	72	64	59	757	28
18	26	23	38	26	23	34	317	29
11	14	25	14	20	17	17	179	30
26	19	18	20	16	22	20	231	31
16	18	23	21	19	19	30	240	32
23	22	22	17	37	19	37	284	33
10	20	22	19	21	26	26	209	34
21	18	19	21	29	30	25	308	35
17	19	11	19	13	24	15	204	36
17	22	20	24	27	22	37	263	37
18	25	20	25	23	40	47	299	38
43	32	58	49	36	43	46	497	39
29	17	17	26	18	15	19	247	40
117	101	113	156	139	98	161	1,382	41
17	19	24	30	28	23	26	252	42
57	58	60	47	44	52	56	548	43

ANNUAL STATEMENT NO. IIIB.—Deaths registered in the Towns of

1	2							
No.	Divisions and Towns.			January.	February.	March.	April.	May.
TENASSERIM DIVISION—concl'd.								
44	Mergui	...	...	59	41	44	45	48
45	Toungoo	...	...	40	52	54	30	31
46	Shwegyin	...	...	25	34	26	12	10
47	Pyu	...	...	15	11	15	10	11
MAGWE DIVISION.								
48	Thayetmyo	...	...	25	13	27	37	24
49	Allanmyo	...	...	58	41	25	16	19
50	Minbu	...	...	18	10	13	15	16
51	Salin	...	...	25	21	15	18	19
52	Magwe	...	...	39	29	30	18	18
53	Taungdwingyi	...	...	32	29	28	23	40
54	Yenangyaung	...	...	41	40	34	32	33
55	Chauk	...	...	13	13	20	9	21
56	Pakôkku	...	...	73	79	62	44	84
MANDALAY DIVISION.								
57	Mandalay	...	...	539	501	609	520	613
58	Maymyo	...	...	43	33	39	38	59
59	Myitnge	...	...	11	8	19	15	12
60	Kyauksè	...	...	20	13	28	24	20
61	Meiktila	...	...	33	18	28	19	25
62	Myingyan	...	...	57	56	84	88	118
63	Nyaung-u	...	...	16	6	6	15	34
64	Yamèthin	...	...	23	18	16	28	21
65	Pyinmana	...	...	52	43	54	61	52
66	Pyawbwe	...	...	11	14	20	12	15
SAGAING DIVISION.								
67	Shwebo	...	...	50	48	49	53	54
68	Ye-u	...	...	9	8	8	10	7
69	Sagaing	...	...	41	27	66	57	51
70	Myinmu	...	...	10	7	10	6	10
71	Mônýwa	...	...	26	46	49	30	45
Total for Towns				3,666	3,360	3,639	3,133	3,241
Ratio per mille for Towns				30·72	30·10	30·49	27·13	27·16
Total for the Province				18,576	14,662	14,953	14,757	14,389
Ratio per mille* for the Province				18·12	15·29	14·59	14·88	14·04

* The ratios should be calculated with

Burma during each month of the year. 1932—concl'd.

3							4	1
June.	July.	August.	September.	October.	November.	December.	Total deaths registered during the year.	No.
55	44	40	48	57	51	69	601	44
23	55	47	63	55	37	36	523	45
10	14	13	16	11	11	10	192	46
14	20	28	22	23	24	25	218	47
10	34	38	30	40	29	48	355	48
23	24	24	23	25	41	39	358	49
10	19	18	10	19	13	22	183	50
20	19	22	18	25	26	27	255	51
10	24	17	20	22	30	32	289	52
38	44	48	36	20	28	36	402	53
24	29	22	34	36	49	61	435	54
12	12	26	20	17	24	25	212	55
54	54	67	46	64	64	62	753	56
454	441	422	429	496	622	507	6,153	57
48	48	50	37	45	45	55	540	58
10	3	5	4	6	7	5	105	59
20	13	8	12	16	10	23	207	60
15	38	31	19	31	27	31	315	61
77	61	85	58	75	77	81	917	62
14	20	18	14	37	26	17	223	63
18	14	31	12	18	19	31	249	64
40	49	48	50	65	45	50	609	65
11	20	26	16	10	19	32	206	66
56	55	57	56	49	40	41	608	67
8	12	9	6	6	7	11	101	68
34	45	33	33	44	53	44	528	69
6	7	8	7	10	14	17	112	70
22	28	26	29	34	37	25	397	71
3,026	3,424	3,308	3,193	3,483	3,545	3,626	40,644	
26·20	28·69	27·72	27·65	29·18	30·69	30·38	28·85	
14,412	18,875	18,081	17,772	20,620	20,207	22,116	209,420	
14·53	18·41	17·64	17·92	20·12	20·37	21·58	17·30	

reference to the number of days in each month.

ANNUAL STATEMENT NO. IV.—Deaths registered according to Age

1	2	3		4		5		6		7	
No.	Divisions and Districts.	Under 1 year.		1 year and under 5.		5 and under 10.		10 and under 15.		15 and under 20.	
		Males.	Females	Males.	Females	Males.	Females	Males.	Females	Males.	Females.
ARAKAN DIVISION.											
1	Akyab ...	1,279	1,172	585	557	355	337	274	238	298	304
2	Kyaukpyu ...	578	520	168	171	65	93	56	34	67	76
3	Sadoway ...	554	462	144	143	57	71	33	31	41	40
PEGU DIVISION.											
4	Rangoon ...	1,437	1,131	443	446	120	134	78	56	176	154
5	Pegu ...	1,255	1,049	370	354	155	136	109	77	101	117
6	Tharrawaddy ...	1,465	1,144	499	503	187	163	151	116	199	159
7	Hanthawaddy ...	743	585	311	301	107	118	71	68	113	98
8	Insein ...	712	583	331	343	100	105	93	67	100	92
9	Prome ...	1,760	1,429	456	462	204	192	121	132	138	151
IRRAWADDY DIVISION.											
10	Bassein ...	941	799	348	380	144	156	104	101	133	130
11	Henzada ...	1,348	1,154	540	521	185	172	147	140	161	173
12	Myaungmya ...	709	558	300	285	215	235	217	222	271	299
13	Maubin ...	1,309	1,134	481	509	105	136	61	55	87	92
14	Pyapôn ...	767	638	319	340	117	127	66	56	166	132
TENASSERIM DIVISION.											
15	Thatôn ...	732	601	400	375	113	121	71	67	83	75
16	Amherst ...	1,112	955	444	461	193	213	88	84	122	145
17	Tavoy ...	338	279	175	177	56	74	46	35	44	42
18	Mergui ...	312	255	169	164	90	75	59	43	62	73
19	Toungoo ...	896	767	310	351	134	128	87	76	111	95
MAGWE DIVISION											
20	Thayetmyo ...	480	408	115	129	38	37	35	34	35	37
21	Minbu ...	1,057	864	519	479	168	171	84	100	121	118
22	Magwe ...	1,007	901	394	353	151	160	141	115	198	175
23	Pakôkku ...	1,927	1,590	1,160	1,229	278	344	106	149	136	176
MANDALAY DIVISION.											
24	Mandalay ...	1,935	1,636	616	627	278	309	181	198	204	168
25	Kyauksè ...	615	544	229	255	105	107	53	49	74	61
26	Meiktila ...	991	772	291	252	89	99	147	119	107	82
27	Myingyan ...	1,098	869	505	451	124	132	98	76	96	145
28	Yamèthin ...	1,270	1,080	519	515	186	181	130	118	148	148
SAGAING DIVISION.											
29	Shwebo ...	2,195	1,903	533	548	222	269	158	148	205	206
30	Sagaing ...	1,229	1,075	405	408	134	123	95	85	96	102
31	Lower Chindwin ...	1,668	1,396	616	657	263	244	135	154	145	174
Total, Deaths ...		33,719	28,253	12,695	12,746	4,738	4,962	3,295	3,043	4,038	4,039
Total, Population		156,129	165,140	655,253	680,262	754,499	742,497	705,048	679,505	574,397	593,405
Total Ratio per 1,000 living.		215·97	171·09	19·37	18·74	6·28	6·68	4·67	4·48	7·03	6·81

in the Districts of Burma during the year 1932. (Paragraph 10.)

8		9		10		11		12		13		1
20 and under 30.		30 and under 40.		40 and under 50.		50 and under 60.		60 and upwards.		Total (all ages)		No.
Males.	Females.	Males.	Females.	Males.	Females.	Males.	Females.	Males.	Females.	Males.	Females.	
492	567	571	497	504	337	412	277	607	477	5,377	4,763	1
116	193	151	143	146	112	164	117	375	387	1,886	1,846	2
85	111	86	98	95	49	108	66	230	186	1,433	1,257	3
774	453	935	394	751	261	547	249	756	580	6,017	3,858	4
312	322	366	327	331	250	305	189	554	464	3,858	3,285	5
436	338	437	311	367	237	284	283	612	538	4,637	3,792	6
243	271	264	245	261	181	203	184	641	425	2,957	2,476	7
222	221	284	276	236	170	204	143	489	364	2,771	2,364	8
309	342	377	377	342	309	248	272	517	515	4,472	4,181	9
267	288	326	293	291	256	241	200	462	364	3,257	2,967	10
330	352	306	371	325	298	261	297	655	581	4,258	4,059	11
365	345	419	382	403	335	335	324	538	519	3,772	3,504	12
219	243	227	235	229	164	209	171	580	505	3,507	3,244	13
376	427	504	425	357	264	224	154	449	321	3,345	2,884	14
198	253	229	251	224	198	177	173	481	327	2,708	2,441	15
272	309	306	305	328	228	336	211	704	574	3,905	3,485	16
128	144	125	146	136	125	106	121	268	259	1,422	1,402	17
113	131	159	148	122	131	122	93	214	181	1,422	1,294	18
261	292	306	286	260	215	246	152	435	344	3,046	2,706	19
93	114	100	107	109	93	84	115	202	212	1,291	1,286	20
251	335	276	294	269	227	250	255	528	585	3,523	3,428	21
274	277	255	278	232	166	223	181	444	489	3,319	3,095	22
311	416	339	421	304	281	338	312	839	968	5,738	5,886	23
476	417	557	448	445	326	408	332	767	808	5,867	5,269	24
142	180	159	171	163	122	183	149	305	371	2,028	2,009	25
224	243	209	239	199	173	158	159	485	530	2,900	2,668	26
270	321	240	283	203	161	203	181	604	638	3,441	3,257	27
259	308	269	274	248	153	276	233	463	475	3,768	3,485	28
351	388	356	371	308	276	323	339	832	977	5,483	5,425	29
247	257	242	225	202	165	183	184	560	618	3,393	3,242	30
325	393	300	360	253	269	220	301	847	1,041	4,772	4,989	31
8,741	9,251	9,680	8,981	8,643	6,532	7,581	6,417	16,443	15,623	109,573	99,847	
1,138,501	1,089,344	904,240	760,641	593,857	528,782	387,136	372,161	313,569	307,924	6,182,629	5,919,661	
7.68	8.49	10.71	11.81	14.55	12.35	19.58	17.24	52.44	50.74	17.72	16.87	

SUPPLEMENTARY ANNUAL STATEMENT NO. IV *giving the Details of Deaths by Ages*

No.	Divisions and Districts.	Not exceeding one month.						Total of columns. 5 and 8.
		Male.			Female.			
		Under one week.	Over one week.	Total.	Under one week.	Over one week.	Total.	
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
ARAKAN DIVISION.								
1	Akyab	164	207	371	156	158	314	685
2	Kyaukpyu	37	36	73	29	49	78	151
3	Sandoway	59	58	117	45	52	97	214
PEGU DIVISION.								
4	Rangoon	371	158	529	255	110	365	894
5	Pegu	139	138	277	113	113	226	503
6	Tharrawaddy	95	176	271	72	138	210	481
7	Hanthawaddy	119	99	218	80	70	150	368
8	Insein	94	94	188	68	79	147	335
9	Prome	92	143	235	90	117	207	442
IRRAWADDY DIVISION.								
10	Bassein	107	101	208	87	70	157	365
11	Henzada	133	158	291	120	157	277	568
12	Myaungmya	121	124	245	93	93	186	431
13	Maubin	206	209	415	159	181	340	755
14	Pyapôn	120	79	199	109	53	162	361
TENASSERIM DIVISION.								
15	Thatôn	95	61	156	57	49	106	262
16	Amherst	154	131	285	132	118	250	535
17	Tavoy	37	64	101	41	45	86	187
18	Mergui	37	96	133	25	59	84	217
19	Toungoo	61	81	142	69	58	127	269
MAGWE DIVISION.								
20	Thayetmyo	42	47	89	38	38	76	165
21	Minbu	151	135	286	103	108	211	497
22	Magwe	141	152	293	145	128	273	566
23	Pakôkku	446	289	735	326	251	577	1,312
MANDALAY DIVISION.								
24	Mandalay	416	222	638	322	202	524	1,162
25	Kyauksè	95	110	205	83	82	165	370
26	Meiktila	134	103	237	74	75	149	386
27	Myingyan	191	182	373	134	130	264	637
28	Yamèthin	160	151	311	130	132	262	573
SAGAING DIVISION.								
29	Shwebo	441	350	791	365	305	670	1,461
30	Sagaing	254	167	421	211	141	352	773
31	Lower Chindwin	331	241	572	300	210	510	1,082
Total ...		5,043	4,362	9,405	4,031	3,571	7,602	17,007
Ratio per mille of births for last 3 columns only.		...	...	...	...	...	...	...

under one year in the districts of Burma during the year 1932. (Paragraph 10.)

Over one month and not exceeding six months.			Over six months and not exceeding twelve months.			Total male, columns 5, 10 and 13.	Total female, columns 8, 11 and 14.	Total.	No.
Male.	Female.	Total.	Male.	Female.	Total.				
(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)	(18)	(19)
579	536	1,115	329	322	651	1,279	1,172	2,451	1
411	359	770	94	83	177	578	520	1,098	2
360	318	678	77	47	124	554	462	1,016	3
652	551	1,203	256	215	471	1,437	1,131	2,568	4
815	666	1,481	163	157	320	1,255	1,049	2,304	5
901	714	1,615	293	220	513	1,465	1,144	2,609	6
381	324	705	144	111	255	743	585	1,328	7
394	308	702	130	128	258	712	583	1,295	8
1,250	969	2,219	275	253	528	1,760	1,429	3,189	9
551	464	1,015	182	178	360	941	799	1,740	10
790	615	1,405	267	262	529	1,348	1,154	2,502	11
317	226	543	147	146	293	709	558	1,267	12
641	559	1,200	253	235	488	1,309	1,134	2,443	13
453	379	832	115	97	212	767	638	1,405	14
419	334	753	157	161	318	732	601	1,333	15
567	463	1,030	260	242	502	1,112	955	2,067	16
191	154	345	46	39	85	338	279	617	17
148	139	287	31	32	63	312	255	567	18
571	472	1,043	183	168	351	896	767	1,663	19
303	271	574	88	61	149	480	408	888	20
574	490	1,064	197	163	360	1,057	864	1,921	21
501	432	933	213	196	409	1,007	901	1,908	22
802	646	1,448	390	367	757	1,927	1,590	3,517	23
1,009	835	1,844	288	277	565	1,935	1,636	3,571	24
298	275	573	112	104	216	615	544	1,159	25
590	478	1,068	164	145	309	991	772	1,763	26
525	461	986	200	144	344	1,098	869	1,967	27
759	638	1,397	200	180	380	1,270	1,080	2,350	28
1,058	914	1,972	346	319	665	2,195	1,903	4,098	29
623	524	1,147	185	199	384	1,229	1,075	2,304	30
841	634	1,475	255	252	507	1,668	1,396	3,064	31
18,274	15,148	33,422	6,040	5,503	11,543	33,719	28,253	61,972	
...	...	...	...	...	...	196.64	171.85	184.50	

ANNUAL STATEMENT NO. IV-A.—Deaths registered according to Ages in the

1	2	3		4		5		6		7	
No.	Divisions and Towns.	Under 1 year.		1 year and under 5.		5 and under 10.		10 and under 15.		15 and under 20.	
		Males.	Females	Males.	Females	Males.	Females	Males.	Females	Males.	Females.
	ARAKAN DIVISION.										
1	Akyab ...	91	87	17	24	6	6	9	5	17	11
	PEGU DIVISION.										
2	Rangoon ...	1,437	1,131	443	446	120	134	78	56	176	154
3	Pegu ...	112	68	40	30	12	11	6	6	12	9
4	Letpadan ...	40	34	13	15	4	11	11	8	12	8
5	Syriam ...	52	27	9	12	2	3	5	2	...	3
6	Insein ...	61	39	34	35	10	7	5	6	8	6
7	Prome ...	161	144	41	47	15	20	13	19	22	16
8	Paungdè ...	87	59	17	16	10	5	12	6	9	10
	IRRAWADDY DIVISION.										
9	Bassein ...	193	141	43	42	13	19	21	12	26	16
10	Henzada ...	126	99	39	44	7	16	6	3	23	13
11	Pyapôn ...	21	31	10	18	1	4	...	3	4	1
12	Kyaiklat ...	43	39	13	15	5	6	2	1	6	2
	TENASSERIM DIVISION.										
13	Thatôn ...	60	49	30	32	8	10	8	9	10	8
14	Moulmein ...	155	144	48	66	5	15	11	14	13	23
15	Tavoy ...	72	49	22	28	7	10	7	1	8	16
16	Mergui ...	79	58	11	8	16	12	20	16	30	38
17	Toungoo ...	40	35	23	18	8	9	6	11	10	9
	MAGWE DIVISION.										
18	Allanmyo ...	65	47	15	17	7	3	5	7	6	2
19	Yenangyaung ...	86	67	21	23	12	6	6	4	9	5
20	Chauk ...	56	39	8	7	2	1	3	3	2	8
21	Pakôkku ...	148	136	70	61	9	19	4	5	6	9
	MANDALAY DIVISION.										
22	Mandalay ...	1,227	1,006	293	278	124	155	101	113	100	90
23	Maymyo ...	89	63	22	28	9	12	8	8	21	7
24	Myingyan ...	221	187	55	61	15	22	6	11	8	21
25	Pyinmana ...	111	93	54	47	13	8	1	8	9	6
	SAGAING DIVISION.										
26	Shwebo ...	100	107	17	14	16	17	18	16	22	20
27	Sagaing ...	114	90	16	22	9	5	9	3	8	5
28	Monywa ...	64	57	20	18	7	16	8	8	5	12
	Total of Towns, Burma.	5,111	4,126	1,444	1,472	472	562	389	364	582	528
	Total, Population ...	10,332	10,564	40,261	40,785	51,779	48,179	54,045	46,734	72,223	46,696
	Total, Ratio per 1,000 living.	494.68	390.57	35.87	36.09	9.12	11.66	7.20	7.79	8.06	11.31

Towns of Burma having a population of 10,000 and above during the year 1932.

8		9		10		11		12		13		14
20 and under 30.		30 and under 40.		40 and under 50.		50 and under 60.		60 and upwards.		Total (all ages).		No.
Males	Females.	Males.	Females.	Males.	Females.	Males	Females	Males.	Females.	Males.	Females.	
69	19	61	25	47	19	40	16	59	51	416	263	1
774	453	935	394	751	261	547	249	756	580	6,017	3,858	2
55	36	81	34	66	34	48	20	75	57	507	305	3
20	16	25	7	19	5	6	10	23	20	173	134	4
28	18	38	12	26	5	17	11	29	21	206	114	5
42	26	43	23	29	12	16	7	46	20	294	181	6
63	42	69	50	62	39	46	19	60	70	552	466	7
40	25	41	25	36	15	20	3	39	36	311	200	8
82	52	115	46	81	48	52	32	88	61	714	469	9
43	29	52	32	37	22	29	23	51	63	413	344	10
10	11	31	12	21	7	32	8	25	13	155	108	11
14	7	29	9	29	15	19	11	22	12	182	117	12
29	27	29	24	28	21	19	15	46	35	267	230	13
78	52	102	64	100	52	88	49	179	124	779	603	14
50	53	52	35	54	26	22	26	66	44	360	288	15
38	40	36	41	26	41	27	17	30	17	313	288	16
43	20	61	34	41	22	38	12	44	39	314	209	17
11	19	19	11	17	14	11	17	28	37	184	174	18
25	16	26	13	22	15	17	13	25	24	249	186	19
10	10	16	7	6	1	7	4	11	11	121	91	20
34	23	21	28	15	18	31	15	49	52	387	366	21
260	196	320	225	276	158	222	178	381	450	3,304	2,849	22
53	26	46	23	23	13	27	7	35	20	333	207	23
45	33	36	29	36	15	29	19	36	32	487	430	24
26	16	38	29	30	13	24	13	41	29	347	262	25
24	18	28	25	22	20	28	28	40	28	315	293	26
37	24	36	15	20	16	21	14	37	27	307	221	27
28	19	28	16	21	5	8	11	21	25	210	187	28
2,031	1,326	2,414	1,288	1,941	932	1,491	847	2,342	1,998	18,217	13,443	
179,693	89,590	136,649	63,527	73,440	41,275	34,964	26,482	21,177	21,581	674,563	435,413	
11'30	14'80	17'67	20'27	26'43	22'58	42'64	31'98	110'59	92'58	27'01	30'87	

SUPPLEMENTARY ANNUAL STATEMENT NO. IV-A *giving the Details of
and above during*

No.	Divisions and Districts.	Not exceeding one month.						Total of columns 5 and 8.
		Male.			Female.			
		Under One week.	Over one week.	Total.	Under one week.	Over one week.	Total.	
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
	ARAKAN DIVISION.							
1	Akyab	23	5	28	17	7	24	52
	PEGU DIVISION.							
2	Rangoon	371	158	529	255	110	365	894
3	Pegu	19	7	26	7	13	20	46
4	Letpadan	3	2	5	2	3	5	10
5	Syriam	25	7	32	6	2	8	40
6	Insein	15	10	25	5	6	11	36
7	Prome	23	11	34	30	8	38	72
8	Paungdè	4	5	9	2	2	4	13
	IRRAWADDY DIVISION.							
9	Bassein	40	19	59	33	11	44	103
10	Henzada	20	16	36	19	15	34	70
11	Pyapôn	4	...	4	3	2	5	9
12	Kyaiklat	2	6	8	3	7	10	18
	TENASSERIM DIVISION.							
13	Thatôn	12	5	17	7	4	11	28
14	Moulmein	38	19	57	41	16	57	114
15	Tavoy	8	17	25	4	10	14	39
16	Mergui	2	43	45	2	29	31	76
17	Toungoo	6	3	9	8	6	14	23
	MAGWE DIVISION.							
18	Allanmyo	10	9	19	5	6	11	30
19	Yenangyaung	8	10	18	14	3	17	35
20	Chauk	10	10	20	9	5	14	34
21	Pakôkku	17	14	31	20	12	32	63
	MANDALAY DIVISION.							
22	Mandalay	300	125	425	219	112	331	756
23	Maymyo	19	12	31	14	10	24	55
24	Myingyan	44	28	72	31	12	43	115
25	Pyinmana	43	6	49	31	6	37	86
	SAGAING DIVISION.							
26	Shwebo	26	24	50	21	30	51	101
27	Sagaing	23	8	31	23	6	29	60
28	Mônywa	9	3	12	15	2	17	29
	Total of Towns, Burma ...	1,124	582	1,706	846	455	1,301	3,007
	Ratio per mille of births for last 3 columns only.	...	...	...	...	...	...	...

Deaths by Ages under one year in the Towns having a population of 10,000 the year 1932.

Over one month and not exceeding six months.			Over six months and not exceeding twelve months.			Total male, columns 5, 10 and 13.	Total female, columns 8, 11 and 14.	Total.	No.
Male.	Female.	Total.	Male.	Female.	Total.				
(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)	(18)	(19)
45	51	96	18	12	30	91	87	178	1
652	551	1,203	256	215	471	1,437	1,131	2,568	2
73	37	110	13	11	24	112	68	180	3
29	22	51	6	7	13	40	34	74	4
13	11	24	7	8	15	52	27	79	5
20	20	40	16	8	24	61	39	100	6
85	81	166	42	25	67	161	144	305	7
71	48	119	7	7	14	87	59	146	8
118	81	199	16	16	32	193	141	334	9
63	44	107	27	21	48	126	99	225	10
14	22	36	3	4	7	21	31	52	11
27	27	54	8	2	10	43	39	82	12
31	33	64	12	5	17	60	49	109	13
81	62	143	17	25	42	155	144	299	14
37	22	59	10	13	23	72	49	121	15
31	25	56	3	2	5	79	58	137	16
22	15	37	9	6	15	40	35	75	17
39	31	70	7	5	12	65	47	112	18
50	37	87	18	13	31	86	67	153	19
24	14	38	12	11	23	56	39	95	20
84	74	158	33	30	63	148	136	284	21
638	511	1,149	164	164	328	1,227	1,006	2,233	22
42	33	75	16	6	22	89	63	152	23
119	122	241	30	22	52	221	187	408	24
58	47	105	4	9	13	111	93	204	25
24	23	47	26	33	59	100	107	207	26
72	51	123	11	10	21	114	90	204	27
45	33	78	7	7	14	64	57	121	28
2,607	2,128	4,735	798	697	1,495	5,111	4,126	9,237	
...	...	...	...	...	...	288'20	246'45	267'93	

ANNUAL STATEMENT NO. V.—Deaths registered according

1	2	3					
No.	Divisions and Districts.	Population (Census 1931).					
		Christians.	Mahome- dans.	Hindus.	Burmese or Buddhists.	Other classes.	Total.
ARAKAN DIVISION.							
1	Akyab ...	398	242,381	16,685	337,661	38,407	635,532
2	Kyaukpyu ...	212	6,694	768	195,152	17,466	220,292
3	Sandoway ...	1,258	6,286	696	118,322	2,683	129,245
PEGU DIVISION.							
4	Rangoon ...	30,888	70,791	140,901	135,466	22,369	400,415
5	Pegu ...	11,387	11,021	41,057	419,365	6,981	489,811
6	Tharrawaddy ...	7,140	5,511	9,068	483,559	3,041	508,319
7	Hanthawaddy ...	6,450	13,535	52,247	331,684	4,915	408,831
8	Insein ...	20,409	10,249	31,283	262,677	6,834	331,452
9	Prome ...	1,486	4,958	7,871	389,593	6,743	410,651
IRRAWADDY DIVISION.							
10	Bassein ...	39,738	11,393	15,647	499,482	4,783	571,043
11	Henzada ...	15,525	5,826	7,279	581,987	2,663	613,280
12	Myaungmya ...	24,091	15,150	13,083	386,071	6,389	444,784
13	Maubin ...	14,252	6,266	8,537	339,971	2,483	371,509
14	Pyapôn ...	12,085	7,162	22,560	287,659	4,692	334,158
TENASSERIM DIVISION.							
15	Thatôn ...	5,663	16,047	22,612	483,981	4,325	532,628
16	Amherst ...	9,385	31,865	24,645	438,021	12,317	516,233
17	Tavoy ...	4,487	3,051	3,733	164,579	4,114	179,964
18	Mergui ...	9,461	14,551	7,700	123,865	6,410	161,987
19	Toungoo ...	42,294	9,661	23,775	340,955	12,143	428,828
MAGWE DIVISION.							
20	Thayetmyo ...	511	1,995	2,276	253,442	15,953	274,177
21	Minbu ...	152	1,446	2,016	269,194	5,068	277,876
22	Magwe ...	2,388	5,286	10,314	478,521	3,064	499,573
23	Pakôkku ...	328	1,166	1,358	492,318	4,011	499,181
MANDALAY DIVISION.							
24	Mandalay ...	9,684	24,456	28,386	304,476	4,634	371,636
25	Kyauksè ...	628	7,300	1,419	141,513	460	151,320
26	Meiktila ...	501	4,931	3,381	300,745	441	309,999
27	Myingyan ...	384	1,345	2,284	468,070	474	472,557
28	Yaméthin ...	2,514	15,343	7,323	360,353	5,287	390,820
SAGAING DIVISION.							
29	Shwebo ...	2,504	9,112	3,463	430,672	1,039	446,790
30	Sagaing ...	869	3,044	2,690	329,040	322	335,965
31	Lower Chindwin ...	308	1,156	1,338	380,084	548	383,434
Total, Burma ...		277,380	568,978	516,395	10,528,478	211,059	12,102,290

to classes in the Districts of Burma during the year 1932. (Paragraph 10.)

4						5						6
Number of deaths registered.						Ratio of deaths per 1,000 of population.						No.
Chris- tians.	Maho- medans.	Hindus.	Burmese or Buddhists	Other classes.	Total.	Chris- tians.	Maho- medans.	Hindus.	Burmese or Buddhists	Other classes.	Total.	
26	4,040	162	5,510	402	10,140	65.33	16.67	9.71	16.32	10.47	15.96	1
2	129	6	3,260	335	3,732	9.43	19.27	7.81	16.70	19.18	16.94	2
24	.99	5	2,480	82	2,690	19.08	15.75	7.18	20.96	30.56	20.81	3
577	1,339	3,352	4,450	157	9,875	18.68	18.91	23.79	32.84	7.02	24.66	4
190	135	367	6,153	298	7,143	16.69	12.25	8.94	14.67	42.69	14.58	5
200	121	200	7,804	104	8,429	28.01	21.96	22.06	16.14	34.20	16.58	6
72	136	402	4,607	216	5,433	11.16	10.05	7.69	13.89	43.95	13.29	7
255	142	503	4,091	144	5,135	12.49	13.86	16.08	15.57	21.07	15.49	8
14	69	192	8,265	113	8,653	9.42	13.92	24.39	21.21	16.76	21.07	9
263	189	268	5,464	40	6,224	6.62	16.59	17.13	10.94	8.36	10.90	10
159	85	117	7,910	46	8,317	10.24	14.59	16.07	13.59	17.27	13.56	11
116	102	151	6,772	135	7,276	4.82	6.73	11.54	17.54	21.13	16.36	12
155	76	99	6,364	57	6,751	10.88	12.13	11.60	18.72	22.96	18.17	13
207	65	158	5,535	264	6,229	17.13	9.08	7.00	19.24	56.27	18.64	14
30	156	167	4,626	170	5,149	5.30	9.72	7.39	9.56	39.31	9.67	15
99	546	478	6,190	77	7,390	10.55	17.13	19.40	14.13	6.25	14.32	16
33	52	53	2,550	136	2,824	7.35	17.04	14.20	15.49	33.06	15.69	17
129	258	118	2,095	116	2,716	13.63	17.73	15.32	16.91	18.10	16.77	18
361	144	210	4,841	196	5,752	8.54	14.91	8.83	14.20	16.14	13.41	19
8	49	38	2,453	29	2,577	15.66	24.56	16.69	9.68	1.82	9.40	20
...	18	47	6,852	34	6,951	...	12.45	23.31	25.45	6.71	25.01	21
18	74	102	6,182	38	6,414	7.54	14.00	9.89	12.92	12.40	12.84	22
2	8	12	11,594	8	11,624	6.10	6.86	8.84	23.55	1.99	23.29	23
205	802	700	9,311	118	11,136	21.17	32.79	24.66	30.58	25.46	29.96	24
6	111	16	3,893	11	4,037	9.55	15.21	11.28	27.51	23.91	26.68	25
5	117	57	5,378	11	5,568	9.98	23.73	16.86	17.88	24.94	17.96	26
...	34	28	6,616	20	6,698	...	25.28	12.26	14.13	42.19	14.17	27
51	275	181	6,675	71	7,253	20.29	17.92	24.72	18.52	13.43	18.56	28
55	140	53	10,604	56	10,908	21.96	15.36	15.30	24.62	53.90	24.41	29
6	72	64	6,487	6	6,635	6.90	23.65	23.79	19.71	18.63	19.75	30
3	21	17	9,713	7	9,761	9.74	18.17	12.71	25.55	12.77	25.46	31
3,271	9,604	8,323	184,725	3,497	209,420	11.79	16.88	16.12	17.55	16.57	17.30	

SUPPLEMENTARY ANNUAL STATEMENT NO. V-A.—Deaths registered according to Sex

1	2	3							
No.	Divisions and Districts.	Population (Census 1931).							
		Christians.		Mahomedans.		Hindus.		Burmese or Buddhists.	
		Male.	Female.	Male.	Female.	Male.	Female.	Male.	Female.
	ARAKAN DIVISION.								
1	Akyab ...	255	143	132,976	109,405	15,044	1,641	170,099	167,562
2	Kyaukpyu ...	104	108	3,736	2,958	716	52	94,038	101,114
3	Sandoway ...	664	594	3,476	2,810	606	90	58,022	60,300
	PEGU DIVISION.								
4	Rangoon ...	17,094	13,794	56,147	14,644	112,735	28,166	69,936	65,530
5	Pegu ...	5,702	5,685	7,912	3,109	27,279	13,778	208,666	210,699
6	Tharrawaddy ...	4,512	2,628	3,897	1,614	6,995	2,073	235,211	248,348
7	Hanthawaddy ...	3,696	2,754	9,570	3,965	35,741	16,506	166,559	165,125
8	Insein ...	10,559	9,850	6,969	3,280	22,244	9,039	131,650	131,027
9	Prome ...	832	654	3,345	1,613	5,955	1,916	189,346	200,247
	IRRAWADDY DIVISION.								
10	Bassein ...	19,647	20,091	8,228	3,165	13,366	2,281	247,527	251,955
11	Henzada ...	7,654	7,871	3,764	2,062	5,889	1,390	284,713	297,274
12	Myaungmya ...	12,302	11,789	12,071	3,079	11,534	1,549	195,197	190,874
13	Maubin ...	6,905	7,347	4,683	1,583	7,334	1,203	168,194	171,777
14	Pyapôn ...	6,346	5,739	6,182	980	16,987	5,573	146,589	141,070
	TENASSERIM DIVISION.								
15	Thatôn ...	2,840	2,823	10,386	5,661	14,853	7,759	244,310	239,671
16	Amherst ...	4,648	4,737	18,912	12,953	17,758	6,887	222,552	215,469
17	Tavoy ...	2,310	2,177	1,934	1,117	3,190	543	82,292	82,287
18	Mergui ...	4,964	4,497	7,849	6,702	5,709	1,991	62,713	61,152
19	Toungoo ...	21,371	20,923	6,473	3,188	15,328	8,447	170,327	170,628
	MAGWE DIVISION.								
20	Thayetmyo ...	287	224	1,256	739	1,727	549	124,297	129,145
21	Minbu ...	85	67	1,021	425	1,707	309	131,149	138,045
22	Magwe ...	1,581	807	4,153	1,133	8,928	1,386	234,162	244,359
23	Pakôkku ...	220	108	900	266	1,161	197	236,756	255,562
	MANDALAY DIVISION.								
24	Mandalay ...	5,508	4,176	14,053	10,403	19,224	9,162	149,491	154,985
25	Kyauksè ...	306	322	3,712	3,588	1,154	265	69,383	72,130
26	Meiktila ...	274	227	2,609	2,322	2,509	872	141,447	159,298
27	Myingyan ...	221	163	914	431	1,778	506	225,525	242,545
28	Yamèthin ...	1,390	1,124	8,126	7,217	5,130	2,193	176,535	183,818
	SAGAING DIVISION.								
29	Shwebo ...	1,339	1,165	4,775	4,337	2,671	792	204,650	226,022
30	Sagaing ...	408	461	1,704	1,340	1,888	802	155,655	173,385
31	Lower Chindwin ...	187	121	833	323	994	344	176,154	203,930
	Total, Burma ...	144,211	133,169	352,566	216,412	388,134	128,261	5,173,145	5,355,333

in the four main classes in the Districts of Burma during the year 1932. (Paragraph 10.)

4								5								6	
Number of deaths registered.								Ratio of deaths per 1,000 of population.								No.	
Christians.		Mahomedans.		Hindus.		Burmese or Buddhists.		Christians.		Mahomedans.		Hindus.		Burmese or Buddhists.			
Male.	Female.	Male.	Female.	Male.	Female.	Male.	Female.	Male.	Female.	Male.	Female.	Male.	Female.	Male.	Female.		
12	14	2,257	1,783	116	46	2,787	2,723	47·06	97·90	16·97	16·30	7·71	28·03	16·38	16·25	1	
2	...	57	72	6	...	1,637	1,623	19·23	...	15·26	24·34	8·38	...	17·41	16·05	2	
13	11	58	41	4	1	1,312	1,168	19·58	18·52	16·69	14·59	6·60	11·11	22·61	19·37	3	
312	265	869	470	2,236	1,116	2,480	1,970	18·25	19·21	15·48	32·10	19·83	39·62	35·46	30·06	4	
109	81	88	47	231	136	3,245	2,908	19·12	14·25	11·12	15·12	8·47	9·87	15·55	13·80	5	
115	85	80	41	151	49	4,224	3,580	25·49	32·34	20·53	25·40	21·59	23·64	17·96	14·42	6	
45	27	81	55	270	132	2,427	2,180	12·18	9·80	8·46	13·87	7·55	8·00	14·57	13·20	7	
114	141	86	56	311	192	2,160	1,931	10·80	14·31	12·34	17·07	13·98	21·24	16·41	14·74	8	
9	5	53	16	136	56	4,205	4,060	10·82	7·65	15·84	9·92	22·84	29·23	22·21	20·27	9	
148	115	110	79	198	70	2,778	2,686	7·53	5·72	13·37	24·96	14·81	30·69	11·22	10·66	10	
81	78	58	27	78	39	4,014	3,896	10·58	9·91	15·41	13·09	13·25	28·06	14·10	13·11	11	
59	57	68	34	101	50	3,463	3,309	4·80	4·84	5·63	11·04	8·76	32·28	17·74	17·34	12	
87	68	42	34	76	23	3,258	3,106	12·60	9·26	8·97	21·48	10·36	19·12	19·37	18·08	13	
115	92	46	19	105	53	2,902	2,633	18·12	16·03	7·44	19·39	6·18	9·51	19·80	18·66	14	
17	13	98	58	119	48	2,379	2,247	5·98	4·61	9·44	10·25	8·01	6·19	9·74	9·38	15	
58	41	304	242	310	168	3,176	3,014	12·48	8·66	16·07	18·68	17·46	24·39	14·27	13·99	16	
23	10	32	20	40	13	1,231	1,319	9·96	4·59	16·55	17·91	12·54	23·94	14·96	16·03	17	
68	61	121	137	56	62	1,099	996	13·70	13·56	15·42	20·44	9·81	31·14	17·52	16·29	18	
184	177	75	69	145	65	2,547	2,294	8·61	8·46	11·59	21·64	9·46	7·70	14·95	13·44	19	
4	4	25	24	28	10	1,214	1,239	13·94	17·86	19·90	32·48	16·21	18·21	9·77	9·59	20	
...	...	11	7	39	8	3,449	3,403	...	...	10·77	16·47	22·85	25·89	26·30	24·65	21	
13	5	50	24	74	28	3,158	3,024	8·22	6·20	12·04	21·18	8·29	20·20	13·49	12·38	22	
...	2	6	2	6	6	5,720	5,874	...	18·52	6·67	7·52	5·17	30·46	24·16	22·98	23	
123	82	459	343	438	262	4,767	4,544	22·33	19·64	32·66	32·97	22·78	28·60	31·89	29·32	24	
2	4	63	48	10	6	1,946	1,947	6·54	12·42	16·97	13·38	8·67	22·64	28·05	26·99	25	
5	...	78	39	38	19	2,770	2,608	18·25	...	29·90	16·80	15·15	21·79	19·58	16·37	26	
...	...	19	15	22	6	3,387	3,229	...	...	20·79	34·80	12·37	11·86	15·02	13·31	27	
25	26	153	122	114	67	3,435	3,240	17·99	23·13	18·83	16·90	22·22	30·55	19·46	17·63	28	
23	32	76	64	31	22	5,329	5,275	17·18	27·46	15·92	14·76	11·61	27·78	26·04	23·34	29	
2	4	46	26	42	22	3,298	3,189	4·90	8·68	27·00	19·40	22·25	27·43	21·19	18·39	30	
2	1	13	8	11	6	4,741	4,972	10·70	8·26	15·61	24·77	11·07	17·44	26·91	24·38	31	
1,770	1,501	5,582	4,022	5,542	2,781	94,538	90,187	12·27	11·27	15·83	18·58	14·28	21·68	18·27	16·84		

ANNUAL STATEMENT NO. VI-A.—*Births and Deaths registered from*
(Paragraphs 10, 11, 14, 18,

1	2	3	4				5	6	7	8	9	10
No.	Divisions and Districts.	Population (Census 1931).	Births.			Birth rate.	Cholera.	Small-pox.	Plague.	Fever.	Dysentery and Diarrhoea.	Respiratory Diseases.
			Male.	Female.	Total.							
ARAKAN DIVISION.												
1	Akyab ...	595,194	7,020	6,315	13,335	22·40	883	76	...	6,218	255	340
2	Kyaukpyu ...	216,060	3,050	3,063	6,113	28·29	108	...	...	1,587	110	3
3	Sandoway ...	125,175	2,026	1,870	3,896	31·12	...	30	...	1,284	53	27
PEGU DIVISION.												
4	Pegu ...	460,395	5,136	4,768	9,904	21·51	3	12	18	1,727	29	68
5	Tharrawaddy ...	457,007	5,833	5,368	11,201	24·51	...	10	75	2,906	289	176
6	Hanthawaddy ...	384,785	4,223	3,877	8,100	21·05	...	16	5	1,404	163	75
7	Insein ...	283,505	2,959	2,707	5,666	19·99	1	87	12	1,436	48	15
8	Prome ...	360,469	5,693	5,470	11,163	30·97	...	8	25	3,610	79	47
IRRAWADDY DIVISION.												
9	Bassein ...	514,135	4,350	4,288	8,638	16·80	1	46	20	2,495	131	260
10	Henzada ...	568,886	6,645	6,496	13,141	23·10	...	27	3	2,590	182	86
11	Myaungmya ...	419,905	5,786	5,629	11,415	27·18	...	57	14	1,383	181	74
12	Maubin ...	346,353	5,130	4,880	10,010	28·90	1	12	...	1,484	102	61
13	Pyapôn ...	311,162	4,092	3,884	7,976	25·63	...	16	...	1,761	184	120
TENASSERIM DIVISION.												
14	Thatôn ...	509,166	4,417	4,141	8,558	16·81	...	22	55	2,294	97	49
15	Amherst ...	444,152	7,860	7,803	15,663	35·26	1	1	...	1,468	209	330
16	Tavoy ...	150,946	2,808	2,618	5,426	35·95	...	2	...	1,464	32	31
17	Mergui ...	141,582	2,442	2,272	4,714	33·30	...	...	...	1,180	78	106
18	Toungoo ...	391,922	3,541	3,219	6,760	17·25	3	10	20	2,463	75	5
MAGWE DIVISION.												
19	Thayetmyo ...	252,387	1,736	1,624	3,360	13·31	...	7	6	987	16	9
20	Minbu ...	265,217	4,548	4,224	8,772	33·07	1	...	9	3,773	57	32
21	Magwe ...	459,097	4,502	4,330	8,832	19·24	1	4	22	2,047	53	18
22	Pakôkku ...	476,066	9,350	9,261	18,611	39·09	3	4	...	5,397	353	20
MANDALAY DIVISION.												
23	Mandalay ...	196,687	3,043	2,912	5,955	30·28	1	174	12	2,028	19	9
24	Kyauksè ...	143,967	2,159	2,217	4,376	30·40	...	41	...	1,609	19	2
25	Meiktila ...	301,169	5,483	5,200	10,683	35·47	25	29	72	1,786	83	47
26	Myingyan ...	438,982	6,000	5,979	11,979	27·29	...	9	4	1,136	62	72
27	Yamèthin ...	357,713	5,857	5,741	11,598	32·42	...	9	3	2,403	50	190
SAGAING DIVISION.												
28	Shwebo ...	431,765	9,127	8,997	18,124	41·98	...	43	1	5,673	96	54
29	Sagaing ...	316,766	5,885	5,816	11,701	36·94	...	152	46	2,024	59	6
30	Lower Chindwin ...	372,634	8,218	8,030	16,248	43·60	1	202	3	3,662	187	1,154
Total, Rural Districts, Burma.		10,693,249	148,949	142,999	291,918	27·30	1,033	1,106	425	71,279	3,351	3,486

different causes in the Rural Districts of Burma during the year 1932.
20, 24, 28, 31, 33 and 34.)

11						12	13	14												No.	
Injuries.						All other causes.	Total deaths from all causes.	Ratio of Deaths per 1,000 of population.													
Suicide.		Wounding or accident.	Snake-bite or killed by wild beasts.	Rabies.	Total.			Cholera.	Small-pox.	Plague.	Fever.	Dysentery and Diarrhoea.	Respiratory Diseases.	Injuries.	All other causes.	From all causes.					
Male.	Female.															For the year.	Mean of previous five years.				
2	2	52	3	1	60	1,563	9,395	1.48	0.13	...	10.45	0.43	0.57	0.10	2.63	15.78	18.65	1			
2	3	15	8	3	31	1,830	3,669	0.50	...	...	7.35	0.51	0.01	0.14	8.47	16.98	16.71	2	
6	2	32	5	...	45	1,178	2,617	...	0.24	...	10.26	0.42	0.22	0.36	9.41	20.91	21.65	3			
10	2	55	111	2	180	4,022	6,059	0.01	0.03	0.04	3.75	0.06	0.15	0.39	8.74	13.16	16.11	4			
8	6	59	201	5	279	3,235	6,970	...	0.02	0.16	6.36	0.63	0.39	0.61	7.08	15.25	14.61	5			
1	...	30	70	4	105	3,100	4,868	...	0.04	0.01	3.65	0.42	0.19	0.27	8.06	12.55	14.38	6			
1	1	24	57	6	89	2,257	3,945	0.00	0.31	0.04	5.07	0.17	0.05	0.31	7.96	13.92	16.20	7			
5	3	49	43	1	101	3,036	6,906	...	0.02	0.07	10.01	0.22	1.13	0.28	8.42	19.16	22.58	8			
13	3	15	30	7	68	1,723	4,744	0.00	0.09	0.04	4.85	0.25	0.51	0.13	3.35	9.23	12.29	9			
4	1	40	62	7	114	4,062	7,064	...	0.05	0.01	4.55	0.32	0.15	0.20	7.14	12.42	14.46	10			
5	...	46	52	...	103	4,709	6,521	...	0.14	0.03	3.29	0.43	0.18	0.25	11.21	15.53	14.95	11			
6	4	28	88	11	137	4,233	6,030	0.00	0.03	...	4.28	0.29	0.18	0.40	12.22	17.41	13.48	12			
2	1	73	64	3	143	3,443	5,667	...	0.05	...	5.66	0.59	0.39	0.46	11.06	18.21	15.49	13			
3	2	35	24	10	74	1,814	4,405	...	0.04	0.11	4.51	0.19	0.10	0.15	3.56	8.65	10.45	14			
3	2	65	54	7	131	3,616	5,756	0.00	0.00	...	3.31	0.47	0.74	0.29	8.14	12.96	15.01	15			
1	2	24	2	...	29	618	2,176	...	0.01	...	9.70	0.21	0.21	0.19	4.09	14.42	21.11	16			
1	3	64	8	5	81	670	2,115	...	...	...	8.33	0.55	0.75	0.57	4.73	14.94	16.98	17
...	2	36	67	6	111	2,132	4,819	0.01	0.03	0.05	6.28	0.19	0.01	0.28	5.44	12.30	13.89	18			
1	...	7	8	2	18	821	1,864	...	0.03	0.02	3.91	0.06	0.04	0.07	3.25	7.39	19.90	19			
3	...	39	50	23	115	2,526	6,513	0.00	...	0.03	14.23	0.21	0.12	0.43	9.52	24.56	27.13	20			
2	3	31	71	13	120	2,811	5,076	0.00	0.01	0.05	4.46	0.12	0.04	0.26	6.12	11.06	14.65	21			
1	4	100	93	9	207	4,887	10,871	0.01	0.01	...	11.34	0.74	0.04	0.43	10.27	22.84	23.91	22			
3	...	14	42	3	62	2,033	4,338	0.01	0.88	0.06	10.31	0.10	0.05	0.32	10.34	22.06	23.50	23			
1	2	22	29	3	57	2,102	3,830	...	0.28	...	11.18	0.13	0.01	0.40	14.60	26.60	34.44	24			
2	2	35	72	18	129	3,082	5,253	0.08	0.10	0.24	5.93	0.28	0.16	0.43	10.23	17.44	21.74	25			
2	1	39	96	9	147	4,128	5,558	...	0.02	0.01	2.59	0.14	0.16	0.33	9.40	12.66	16.17	26			
...	...	46	30	5	81	3,453	6,189	...	0.03	0.01	6.72	0.14	0.53	0.23	9.65	17.30	21.60	27			
4	3	103	89	44	243	4,039	10,199	...	0.10	0.00	13.14	0.22	0.13	0.56	9.47	23.62	28.23	28			
2	3	18	67	7	97	3,611	5,995	...	0.48	0.15	6.39	0.19	0.02	0.31	11.40	18.93	23.39	29			
13	6	64	100	21	204	3,951	9,364	0.00	0.54	0.01	9.83	0.50	3.10	0.55	10.60	25.13	26.71	30			
107	63	1,260	1,696	235	3,361	84,735	168,776	0.10	0.10	0.04	6.67	0.31	0.33	0.31	7.92	15.78	18.20				

ANNUAL STATEMENT NO. VI-B.—*Births and Deaths registered from different causes*

1	2	3	4				5	6	7	8	9	10
No.	Divisions and Towns.	Population (Census 1931).	Births.				Cholera	Small-pox.	Plague.	Fever.	Dysentery and Diarrhoea.	Respiratory Diseases.
			Male.	Female.	Total.	Birth rate.						
ARAKAN DIVISION.												
1	Akyab ...	38,094	341	316	657	17·25	20	4	...	64	10	166
2	Minbya ...	2,244	39	36	75	33·42	4	...	...	24	1	15
3	Kyaukpyu ...	4,232	76	64	140	33·08	...	...	...	13	5	15
4	Sandoway ...	4,070	72	50	122	29·98	...	...	...	23	3	5
PEGU DIVISION.												
5	Rangoon ...	400,415	4,642	4,346	8,988	22·45	3	493	27	326	537	2,998
6	Pegu ...	21,626	439	412	851	39·35	...	...	2	144	60	119
7	Nyaunglebin ...	7,790	143	137	280	35·94	...	...	24	19	10	38
8	Tharrawaddy ...	7,131	90	89	179	25·10	...	5	5	29	9	44
9	Thônzè ...	7,962	136	115	251	31·52	...	4	16	75	11	11
10	Zigôn ...	6,338	83	73	156	24·61	...	...	28	33	20	24
11	Letpadan ...	12,160	125	104	229	18·83	...	35	21	33	24	102
12	Gyobingauk ...	7,675	98	105	203	26·45	1	8	38	27	47	18
13	Minhla ...	4,413	69	63	132	29·91	...	1	4	31	5	20
14	Nattalin ...	5,633	86	60	146	25·92	...	1	9	26	1	2
15	Syriam ...	15,070	221	224	445	29·53	...	4	...	45	12	37
16	Thôngwa ...	8,976	140	122	262	29·19	...	8	16	38	3	50
17	Insein ...	20,487	187	160	347	16·94	...	36	...	47	29	105
18	Thamaing ...	5,645	66	70	136	24·09	...	1	...	30	4	20
19	Kamayut ...	7,256	87	83	170	23·43	...	3	...	104	7	8
20	Thingangyun ...	7,984	78	71	149	18·66	...	1	...	28	1	1
21	Kanbe ...	6,575	79	94	173	26·31	...	2	...	63	...	3
22	Prome ...	28,295	520	497	1,017	35·94	...	11	47	82	18	85
23	Shwedaung ...	8,408	154	117	271	32·23	...	...	16	18	6	57
24	Paungdè ...	13,479	278	237	515	38·21	...	6	38	45	26	142
IRRAWADDY DIVISION.												
25	Bassein ...	45,662	746	700	1,446	31·67	...	2	29	124	81	219
26	Ngathainggyaung ...	5,380	76	74	150	27·88	...	...	2	15	16	11
27	Kyônpyaw ...	5,866	100	88	188	32·05	...	...	19	16	4	29
28	Henzada ...	28,542	416	377	793	27·78	1	8	5	52	15	161
29	Myanaung ...	9,072	122	138	260	28·66	...	...	60	25	12	41
30	Kyangin ...	6,780	115	119	234	34·51	...	...	...	37	10	19
31	Myaungmya ...	7,773	137	102	239	30·75	...	7	...	25	16	57
32	Wakèma ...	9,359	137	133	270	28·85	...	...	...	61	16	33
33	Moulmeingyun ...	7,747	111	102	213	27·49	...	...	...	55	31	35
34	Maubin ...	8,897	139	109	248	27·87	...	...	...	49	2	18
35	Yandoon ...	9,925	154	135	289	29·12	...	7	33	7	16	42
36	Danubyu ...	6,334	100	96	196	30·94	...	3	3	24	12	20
37	Pyapôn ...	12,338	116	128	244	19·78	...	...	...	36	11	46
38	Kyaiklat ...	10,658	132	158	290	27·21	1	...	...	31	14	48
TENASSERIM DIVISION.												
39	Thatôn ...	16,851	279	314	593	35·19	...	14	2	112	34	63
40	Kyaikto ...	6,611	102	97	199	30·10	...	...	34	20	9	26
41	Moulmein ...	65,506	951	897	1,848	28·21	...	2	...	142	94	321
42	Kawkareik ...	6,575	144	158	302	45·93	...	...	...	86	12	45
43	Tavoy ...	29,018	462	405	867	29·88	...	10	...	246	6	78

in the Towns of Burma during the year 1932. (Paragraphs 10, 12, 18, 21, 25, 29, 31, 33 and 34.)

11						12	13	14										
Injuries.						All other causes.	Total deaths from all causes.	Ratio of Deaths per 1,000 of population.										
Suicide.		Wounding or accident.	Snake-bite or killed by wild beasts.	Rabies.	Total.			Cholera.	Small-pox.	Plague.	Fever.	Dysentery and Diarrhoea.	Respiratory Diseases.	Injuries.	All other causes.	From all causes.		
Males.	Females.															For the year.	Mean of previous five years.	
2	1	23	...	...	26	389	679	0.53	0.11	...	1.68	0.26	4.36	0.68	10.21	17.82	22.45
...	...	1	...	...	1	21	66	1.78	...	...	10.70	0.45	6.68	0.45	9.36	29.41	22.62
...	...	1	...	...	1	29	63	...	...	...	3.07	1.18	3.54	0.24	6.85	14.89	23.62
...	...	6	...	...	6	36	73	...	...	...	5.65	0.74	1.23	1.47	8.85	17.94	20.45
3	...	226	12	15	256	5,235	9,875	0.01	1.23	0.07	0.81	1.34	7.49	0.64	13.07	24.66	29.44	
1	...	58	...	...	59	428	812	...	...	0.09	6.66	2.77	5.50	2.73	19.79	37.55	47.90
1	...	4	2	4	11	170	272	...	...	3.08	2.44	1.28	4.88	1.41	21.82	34.92	45.83
...	...	34	...	1	35	74	201	...	0.70	0.70	4.07	1.26	6.17	4.91	10.38	28.19	32.45	
...	1	...	...	...	1	130	248	...	0.50	2.01	9.42	1.38	1.38	0.13	16.33	31.15	36.66
1	...	4	1	...	6	88	199	...	...	4.42	5.21	3.16	3.79	0.95	13.88	31.40	33.88
...	...	8	1	2	11	81	307	...	2.88	1.73	2.71	1.97	8.39	0.90	6.66	25.25	31.86	
1	...	2	1	...	4	152	295	0.13	1.04	4.95	3.52	6.12	2.35	0.52	19.80	38.44	43.90	
...	...	7	...	...	7	44	112	...	0.23	0.91	7.02	1.13	4.53	1.59	9.97	25.38	29.40
...	2	1	1	...	4	54	97	...	0.18	1.60	4.62	0.18	0.36	0.71	9.59	17.22	22.56	
...	...	18	3	1	22	200	320	...	0.27	...	2.99	0.80	2.46	1.46	13.27	21.23	22.42	
...	...	3	1	...	4	126	245	...	0.89	1.78	4.23	0.33	5.57	0.45	14.04	27.30	24.94	
8	...	34	2	...	44	214	475	...	1.76	...	2.29	1.42	5.13	2.15	10.45	23.19	29.85	
1	...	1	...	...	2	130	187	...	0.18	...	5.31	0.71	3.54	0.35	23.03	33.13	32.24
1	...	5	2	...	8	68	198	...	0.41	...	14.33	0.96	1.10	1.10	9.37	27.29	23.86	
...	1	3	1	...	5	142	178	...	0.13	...	3.51	0.13	0.13	0.63	17.79	22.29	24.04	
...	...	3	...	...	3	81	152	...	0.30	...	9.58	...	0.46	0.46	12.32	23.12	24.04
1	...	40	...	...	41	734	1,018	...	0.39	1.66	2.90	0.64	3.00	1.45	25.94	35.98	45.89
...	...	2	...	1	3	118	218	...	...	1.90	2.14	0.71	6.78	0.36	14.03	25.93	29.50
1	...	31	5	1	38	216	511	...	0.45	2.82	3.34	1.93	10.53	2.82	16.02	37.91	36.69	
1	...	46	3	1	51	677	1,183	...	0.04	0.64	2.72	1.77	4.80	1.12	14.83	25.91	35.28	
2	1	9	...	...	12	94	150	...	...	0.37	2.79	2.97	2.04	2.23	17.47	27.88	31.51
...	79	147	...	...	3.24	2.73	0.68	4.94	...	13.47	25.06	26.59	
1	1	43	1	1	47	468	757	0.04	0.28	0.18	1.82	0.53	5.64	1.65	16.40	26.52	38.18	
...	...	5	...	...	5	174	317	...	...	6.61	2.76	1.32	4.52	0.55	19.18	34.94	41.89
...	...	3	...	1	4	109	179	...	...	...	5.46	1.47	2.80	0.59	16.08	26.40	33.74
...	...	14	...	...	14	112	231	...	0.90	...	3.22	2.06	7.33	1.80	14.41	29.72	43.14
1	1	9	1	1	13	117	240	...	...	...	6.52	1.71	3.53	1.39	12.50	25.64	38.29
...	...	17	1	2	20	143	284	...	...	...	7.10	4.00	4.52	2.58	18.46	36.66	47.69
1	...	9	2	1	13	127	209	...	...	...	5.51	0.22	2.02	1.46	14.27	23.49	33.45
1	...	14	3	...	18	185	308	...	0.71	3.32	0.71	1.61	4.23	1.81	18.64	31.03	34.97	
2	...	24	...	6	32	110	204	...	0.47	0.47	3.79	1.89	3.16	5.05	17.37	32.21	20.84	
1	...	11	1	...	13	157	263	...	...	...	2.92	0.89	3.73	1.05	12.72	21.32	39.93
1	...	9	1	4	15	190	299	0.09	...	...	2.91	1.31	4.50	1.41	17.83	28.05	39.09
2	...	26	...	...	28	244	497	...	0.83	0.12	6.65	2.02	3.74	1.66	14.48	29.49	32.00
...	...	3	...	...	3	155	247	...	...	5.14	3.03	1.36	3.93	0.45	23.45	37.36	43.45
...	...	51	2	1	54	769	1,382	...	0.03	...	2.17	1.43	4.90	0.82	11.74	21.10	25.32	
...	...	4	...	...	4	105	252	...	...	...	13.08	1.83	6.84	0.61	15.97	38.33	42.64
1	...	21	3	2	27	281	648	...	0.34	...	8.48	0.21	2.69	0.93	9.68	22.33	28.17	

ANNUAL STATEMENT No. VI-B.—*Births and Deaths registered*

1	2	3	4				5	6	7	8	9	10
No.	Divisions and Towns.	Population (Census 1931).	Births.			Birth rate.	Cholera.	Small-pox.	Plague.	Fever.	Dysentery and Diarrhoea.	Respiratory Diseases
			Male.	Female.	Total.							
TENASSERIM DIVISION —concl'd												
44	Mergui ...	20,405	377	385	762	37·34	...	...	...	242	15	38
45	Toungoo ...	23,223	328	322	650	27·99	1	2	40	62	25	108
46	Shwegyin ...	5,876	102	106	208	35·40	1	...	33	49	9	23
47	Pyu ...	7,807	138	138	276	35·35	...	...	...	41	31	35
MAGWE DIVISION.												
48	Thayetmyo ...	9,279	188	189	377	40·63	...	...	1	14	5	61
49	Allanmyo ...	12,511	223	210	433	34·61	1	...	17	130	15	66
50	Minbu ...	6,005	102	125	227	37·80	...	...	14	26	11	33
51	Salin ...	6,654	100	134	234	35·17	...	...	...	85	10	22
52	Magwe ...	8,209	143	129	272	33·13	...	1	37	6	11	43
53	Taungdwingyi ...	8,339	170	162	332	39·81	...	...	1	65	3	22
54	Yenangyaung ...	11,098	237	202	439	39·56	...	3	20	77	46	92
55	Chauk ...	12,830	133	120	259	20·19	...	...	1	37	2	5
56	Pakôkku ...	23,115	419	441	860	37·21	...	3	...	105	16	222
MANDALAY DIVISION.												
57	Mandalay ...	147,932	4,050	3,646	7,696	52·02	...	558	402	601	218	1,063
58	Maymyo ...	21,335	393	401	794	37·22	...	5	...	76	33	143
59	Myitngè ...	5,682	72	63	135	23·76	...	14	...	16	12	22
60	Kyauksè ...	7,353	126	129	255	34·68	...	12	...	45	4	32
61	Meiktila ...	8,830	182	180	362	41·00	14	...	8	28	7	67
62	Myingyan ...	25,457	456	537	993	39·01	1	53	17	14	13	297
63	Nyaung-u ...	8,118	136	152	288	35·48	...	...	...	20	12	18
64	Yamèthin ...	9,291	171	169	340	36·59	...	...	6	23	6	46
65	Pyinmana ...	17,656	376	346	722	40·89	...	18	1	71	17	141
66	Pyawbwè ...	6,160	98	100	198	32·14	...	1	8	29	4	23
SAGAING DIVISION.												
67	Shwebo ...	11,286	323	327	650	57·59	...	1	...	54	4	34
68	Ye-u ...	3,739	71	109	180	48·14	...	...	...	40	15	20
69	Sagaing ...	14,127	334	292	626	44·31	...	16	2	65	24	118
70	Myinmu ...	5,072	94	81	175	34·50	...	1	...	11	5	27
71	Mònywa ...	10,800	230	232	462	42·78	1	14	45	56	7	126
Total of Towns, Burma		1,409,041	22,560	21,408	43,968	31·20	49	1,378	1,131	4,618	1,840	8,344
Total of Rural Districts, Burma.		10,693,249	148,919	142,999	291,918	27·30	1,033	1,106	425	71,279	3,351	3,486
GRAND TOTAL, BURMA		12,102,290	171,479	164,407	335,886	27·75	1,082	2,484	1,556	75,897	5,191	11,830

from different causes in the Towns of Burma during the year 1932—concl'd.

11						12	13	14										
Injuries.								Ratio of Deaths per 1,000 of population.										
Suicide.		Wounding or accident.	Snake-bite or killed by wild beasts.	Rabies.	Total.	All other causes.	Total deaths from all causes.	Cholera.	Small-pox.	Plague.	Fever.	Dysentery and Diarrhoea.	Respiratory Diseases.	Injuries.	All other causes.	From all causes.		
Males.	Females.															For the year.	Mean of previous five years.	
...	...	36	...	2	38	268	601	...	...	...	11.86	0.74	1.86	1.86	13.13	29.45	33.95
2	...	30	...	...	32	253	523	0.04	0.09	1.72	2.67	1.08	4.65	1.38	10.89	22.52	30.96
...	...	1	1	...	2	75	192	0.17	...	5.62	8.34	1.53	3.91	0.34	12.76	32.68	35.87	
...	...	6	1	1	8	103	218	...	...	...	5.25	3.97	4.48	1.02	13.19	27.92	30.77
...	...	40	...	...	40	234	355	...	...	0.11	1.51	0.54	6.57	4.31	25.22	38.26	39.38
...	...	2	1	...	3	126	358	0.08	...	1.36	10.39	1.20	5.28	0.24	10.07	28.61	35.83	
1	1	5	1	...	8	91	183	...	...	2.33	4.33	1.83	5.50	1.33	15.15	30.47	41.39
...	...	10	1	...	11	127	255	...	...	...	12.77	1.50	3.31	1.65	19.09	38.32	52.04
1	...	9	...	...	10	181	289	...	0.12	4.51	0.73	1.34	5.24	1.22	22.05	35.21	40.12
...	...	20	...	1	21	290	402	...	...	0.12	7.79	0.36	2.64	2.52	34.78	48.21	54.94
...	1	10	...	3	14	183	435	...	0.27	1.80	6.94	4.14	8.29	1.26	16.49	39.20	41.68	
...	...	11	...	...	11	156	212	...	...	0.08	2.88	0.16	0.39	0.86	12.16	16.52	...
1	...	7	1	2	11	396	753	...	0.13	...	4.54	0.69	9.60	0.48	17.13	32.58	45.87	
1	...	52	3	7	63	3,248	6,153	...	3.77	2.72	4.06	1.47	7.19	0.43	21.96	41.59	47.80	
1	...	27	2	...	30	253	540	...	0.23	...	3.56	1.55	6.70	1.41	11.86	25.31	29.18	
...	...	...	...	...	...	41	105	...	2.46	...	2.82	2.11	3.87	...	7.22	18.48	30.35
...	...	2	1	...	3	111	207	...	1.63	...	6.12	0.54	4.35	0.41	15.11	28.15	45.09	
...	...	23	2	3	28	163	315	1.59	...	0.91	3.17	0.79	7.59	3.17	18.46	35.67	38.62	
...	1	34	...	1	36	486	917	0.04	2.08	0.67	0.55	0.51	11.67	1.41	19.09	36.02	46.01	
1	...	5	...	...	6	167	223	...	...	...	2.46	1.48	2.22	0.74	20.57	27.47	28.28
...	...	18	...	...	18	150	249	...	...	0.65	2.48	0.65	4.95	1.94	16.14	26.80	28.66
2	1	9	...	1	13	348	609	...	1.02	0.06	4.02	0.96	7.99	0.74	19.71	34.49	41.87	
...	...	1	...	1	2	139	206	...	0.16	1.30	4.71	0.65	3.73	0.32	22.56	33.44	42.72	
1	...	6	1	...	8	507	608	...	0.09	...	4.78	0.35	3.01	0.71	44.92	53.87	47.74	
...	...	7	...	...	7	19	101	...	...	...	10.70	4.01	5.35	1.87	5.08	27.01	38.49
...	...	31	1	...	32	271	528	...	1.13	0.14	4.60	1.70	8.35	2.27	19.18	37.38	49.24	
...	...	2	...	1	3	65	112	...	0.20	...	2.17	0.99	5.32	0.59	12.82	22.08	36.86	
...	...	15	1	...	16	132	397	0.09	1.30	4.17	5.19	0.65	11.67	1.48	12.22	36.76	49.85	
46	12	1,252	67	68	1,445	21,839	40,644	0.03	0.98	0.80	3.28	1.31	5.92	1.03	15.50	28.85	34.97	
107	63	1,260	1,696	235	3,361	84,735	168,776	0.10	0.10	0.04	6.67	0.31	0.33	0.31	7.92	15.78	18.20	
153	75	2,512	1,763	303	4,806	106,574	209,420	0.09	0.21	0.13	6.27	0.43	0.98	0.40	8.81	17.30	20.15	

STATEMENT VI-B (a).—*Supplement to Annual Statement*

1	2	3	4									
			Fevers.									
			Malaria.		Blackwater Fever.		Kala-Azar.		Enteric.		Typhus.	
No.	Divisions and Towns.	Population (Census 1931).	Death.	Ratio.	Death.	Ratio.	Death.	Ratio.	Death.	Ratio.	Death.	Ratio.
ARAKAN DIVISION.												
1	Akyab ...	38,094	7	0·18	...	...	1	0·03	5	0·13	...	...
2	Minbya ...	2,244	24	10·70	...	...	...	...	...	...	...	...
3	Kyaukpyu ...	4,232	2	0·47	...	...	...	...	...	...	...	...
4	Sandoway ...	4,070	3	0·74	...	...	...	...	...	...	...	...
PEGU DIVISION.												
5	Rangoon ...	400,415	122	0·30	...	...	...	...	85	0·21	...	...
6	Pegu ...	21,626	67	3·10	...	...	...	...	...	...	...	...
7	Nyaunglebin ...	7,790	11	1·41	...	...	...	...	...	...	...	...
8	Tharrawaddy ...	7,131	19	2·66	...	...	...	...	6	0·84	...	...
9	Thônzè ...	7,962	3	0·38	...	...	...	...	...	...	...	...
10	Zigôn ...	6,338	12	1·89	...	...	...	...	...	...	...	...
11	Letpadan ...	12,160	31	2·55	...	...	...	...	...	...	...	...
12	Gyobingauk ...	7,675	16	2·08	...	...	...	...	...	...	...	...
13	Minhla ...	4,413	10	2·27	...	...	...	...	...	...	...	...
14	Nattalin ...	5,633	1	0·18	...	...	...	...	...	...	...	...
15	Syriam ...	15,070	1	0·07	...	...	...	...	1	0·07	...	...
16	Thôngwa ...	8,976	17	1·89	...	...	...	...	...	...	...	...
17	Insein ...	20,487	9	0·44	...	...	...	...	5	0·24	...	...
18	Thamaing ...	5,645	1	0·18	...	...	...	...	...	...	...	...
19	Kamayut ...	7,256	...	...	...	...	...	...	...	...	...	...
20	Thingangyun ...	7,984	...	...	...	...	...	...	...	...	...	...
21	Kanbe ...	6,575	...	...	...	...	...	...	...	...	...	...
22	Prome ...	28,295	35	1·24	...	...	...	...	1	0·04	...	...
23	Shwedaung ...	8,408	16	1·90	...	...	...	...	1	0·12	...	...
24	Paungdè ...	13,479	4	0·30	...	...	...	...	5	0·37	...	...
IRRAWADDY DIVISION.												
25	Bassein ...	45,662	46	1·01	...	...	...	...	13	0·28	...	...
26	Ngathainggyaung ...	5,380	10	1·86	...	...	...	...	4	0·74	...	...
27	Kyônpyaw ...	5,866	10	1·70	...	...	...	...	2	0·34	...	...
28	Henzada ...	28,542	7	0·25	...	...	...	...	5	0·18	...	...
29	Myanaung ...	9,072	10	1·10	...	...	...	...	...	...	...	...
30	Kyangin ...	6,780	37	5·46	...	...	...	...	...	...	...	...
31	Myaungmya ...	7,773	14	1·80	...	...	...	...	1	0·13	...	...
32	Wakèma ...	9,359	36	3·85	...	...	...	...	2	0·21	...	...
33	Moulmeingyun ...	7,747	43	5·55	...	...	...	...	6	0·77	...	...
34	Maubin ...	8,897	3	0·34	...	...	...	...	...	...	...	...
35	Yandoon ...	9,925	5	0·50	...	...	...	...	...	...	...	...
36	Danubyu ...	6,334	2	0·32	...	...	...	...	1	0·16	...	...
37	Pyapôn ...	12,338	17	1·38	...	...	...	...	1	0·08	...	...
38	Kyaiklat ...	10,658	16	1·50	...	...	...	...	2	0·19	...	...
TENASSERIM DIVISION.												
39	Thatôn ...	16,851	4	0·24	...	...	...	...	1	0·06	...	...
40	Kyaikto ...	6,611	16	2·42	...	...	...	...	...	...	...	...
41	Moulmein ...	65,506	33	0·50	...	...	6	0·09	69	1·05	...	...
42	Kawkareik ...	6,575	28	4·26	...	...	...	...	...	...	...	...
43	Tavoy ...	29,018	5	0·17	...	...	...	...	4	0·14	...	...

VI-B, 1932. (Paragraphs 10, 13, 15, 17, 31, 32, 33, 34, 35 and 50.)

[illegible]

STATEMENT VI-B (a).—*Supplement to*

1 No.	2 Divisions and Towns.	3 Population (Census 1931).	4 Fevers.									
			Malaria.		Blackwater Fever.		Kala-Azar.		Enteric.		Typhus.	
			Death.	Ratio.	Death.	Ratio.	Death.	Ratio.	Death.	Ratio.	Death.	Ratio.
	TENASSERIM DIVISION —concl'd.											
44	Mergui ...	20,405	21	1·03	...	...	...	...	2	0·10	...	...
45	Toungoo ...	23,223	56	2·41	...	...	...	...	3	0·13	...	...
46	Shwegyin ...	5,876	45	7·66	...	...	...	...	...	...	...	...
47	Pyu ...	7,807	23	2·95	...	...	...	...	...	...	...	...
	MAGWE DIVISION.											
48	Thayetmyo ...	9,279	7	0·75	1	0·11	...	...	2	0·22	...	...
49	Allanmyo ...	12,511	14	1·12	...	...	...	...	36	2·88	...	...
50	Minbu ...	6,005	14	2·33	...	...	...	...	...	...	...	...
51	Salin ...	6,654	52	7·81	...	...	...	...	...	...	...	...
52	Magwe ...	8,209	3	0·37	...	...	...	...	2	0·24	...	...
53	Taungdwingyi ...	8,339	36	4·32	...	...	...	...	3	0·36	...	...
54	Yenangyaung ...	11,098	6	0·54	...	...	...	...	2	0·18	...	...
55	Chauk ...	12,830	...	...	...	...	...	...	...	...	...	...
56	Pakôkku ...	23,115	13	0·56	...	...	...	...	1	0·04	...	...
	MANDALAY DIVISION.											
57	Mandalay ...	147,932	415	2·81	1	0·01	...	...	89	0·60	...	...
58	Maymyo ...	21,335	46	2·16	...	...	...	...	13	0·61	...	...
59	Myitngè ...	5,682	1	0·18	...	...	...	...	...	...	...	...
60	Kyauksè ...	7,353	25	3·40	...	...	...	...	...	...	...	...
61	Meiktila ...	8,830	4	0·45	...	...	...	...	1	0·11	...	...
62	Myingyan ...	25,457	6	0·24	...	...	...	...	1	0·04	...	...
63	Nyaung-u ...	8,118	3	0·37	...	...	...	...	...	...	...	...
64	Yamèthin ...	9,291	18	1·94	...	...	...	...	...	...	...	...
65	Pyinmana ...	17,656	47	2·66	...	...	...	...	10	0·57	...	...
66	Pyawbwè ...	6,160	24	3·90	...	...	...	...	...	...	...	...
	SAGAING DIVISION.											
67	Shwebo ...	11,286	22	1·95	...	...	...	...	1	0·09	...	...
68	Ye-u ...	3,739	4	1·07	...	...	...	...	1	0·27	...	...
69	Sagaing ...	14,127	21	1·49	...	...	...	...	6	0·42	...	...
70	Myinmu ...	5,072	4	0·79	...	...	...	...	1	0·20	...	...
71	Mônywa ...	10,800	42	3·89	...	...	...	...	1	0·09	...	...
	Total of Towns, Burma	1,409,041	1,725	1·22	2	0·00	7	0·00	395	0·28	...	...

Annual Statement VI-B, 1932—contd.

Relapsing Fever.		Cerebrospinal meningitis.		Chicken-pox.		Measles.		Whooping Cough.		Acute Poliomyelitis.		Mumps.	
Death.	Ratio.	Death.	Ratio.	Death.	Ratio.	Death.	Ratio.	Death.	Ratio.	Death.	Ratio.	Death.	Ratio.
...
...	3	0.51	...	...	...	...	...	...
...	1	0.13	...	...	...	...	...	...
...
...
...
...
...
...	1	0.09	...	...	...	...	...	...	...	...
...	4	0.31	...	...	...	...	...	...
...	3	0.13	18	0.78	...	...	...	...	...	...
...
...	2	0.01	13	0.09	...	...	...	...	...	...
...	...	5	0.23	...	...	1	0.05	...	...	...	...	...	...
...
...
...
...	1	0.12	...	...	...	...	...	...
...	1	0.11	...	...	...	...	...	...
...	5	0.28	1	0.06	...	...	...	...
...	2	0.32	...	...	...	...	...	...
...
...
...
...	3	0.59	...	...	...	...	...	...
...	1	0.09	...	...	...	...	...	...
...	...	14	0.01	16	0.01	96	0.06	13	0.01	...	...	...	...

STATEMENT VI-B (a).—*Supplement to*

1 No.	2 Divisions and Towns.	3 Population (Census 1931).	4							
			Fever.							
			Influenza.		Diphtheria.		Other fevers.		Total fevers.	
			Death.	Ratio.	Death.	Ratio.	Death.	Ratio.	Death.	Ratio.
ARAKAN DIVISION.										
1	Akyab ...	38,094	...	...	...	...	49	1·29	64	1·68
2	Minbya ...	2,244	...	...	...	...	...	...	24	10·70
3	Kyaukpyu ...	4,232	..	...	...	..	11	2·60	13	3·07
4	Sandoway ...	4,070	...	...	...	...	20	4·91	23	5·65
PEGU DIVISION.										
5	Rangoon ...	400,415	5	0·01	4	0·01	104	0·26	326	0·81
6	Pegu ...	21,626	6	0·28	1	0·05	65	3·01	144	6·66
7	Nyaunglebin ...	7,790	1	0·13	...	...	7	0·90	19	2·44
8	Tharrawaddy ...	7,131	...	...	...	...	2	0·28	29	4·07
9	Thônzè ...	7,962	...	...	...	...	65	8·16	75	9·42
10	Zigôn ...	6,338	...	...	...	...	21	3·31	33	5·21
11	Letpadan ...	12,160	...	...	...	...	1	0·08	33	2·71
12	Gyobingauk ...	7,675	...	...	...	...	3	0·39	27	3·52
13	Minhla ...	4,413	...	...	...	..	20	4·53	31	7·02
14	Nattalin ...	5,633	...	...	...	...	24	4·26	26	4·62
15	Syriam ...	15,070	...	...	...	...	43	2·85	45	2·99
16	Thôngwa ...	8,976	...	...	...	...	17	1·89	38	4·23
17	Insein ...	20,487	1	0·05	...	...	22	1·07	47	2·29
18	Thamaing ...	5,645	...	...	...	...	29	5·14	30	5·31
19	Kamayut ...	7,256	...	...	...	...	104	14·33	104	14·33
20	Thingangyun ...	7,984	...	...	...	...	28	3·51	28	3·51
21	Kanbe ...	6,575	...	...	...	...	63	9·58	63	9·58
22	Prome ...	28,295	...	...	...	...	38	1·34	82	2·90
23	Shwedaung ...	8,408	...	...	...	...	...	...	18	2·14
24	Paungdè ...	13,479	4	0·30	...	...	32	2·37	45	3·34
IRRAWADDY DIVISION.										
25	Bassein ...	45,662	1	0·02	1	0·02	59	1·29	124	2·72
26	Ngathainggyaung ...	5,380	...	...	...	...	...	...	15	2·79
27	Kyônpyaw ...	5,866	1	0·17	...	...	...	...	16	2·73
28	Henzada ...	28,542	...	...	...	...	39	1·37	52	1·82
29	Myanaung ...	9,072	...	...	...	...	15	1·65	25	2·76
30	Kyangin ...	6,780	...	...	...	...	...	...	37	5·46
31	Myaungmya ...	7,773	...	...	...	...	10	1·29	25	3·22
32	Wakèma ...	9,359	...	...	...	...	23	2·46	61	6·52
33	Moulmeingyun ...	7,747	...	...	...	...	4	0·52	55	7·10
34	Maubin ...	8,897	2	0·22	1	0·11	42	4·72	49	5·51
35	Yandoon ...	9,925	...	...	...	...	2	0·20	7	0·71
36	Danubyu ...	6,334	...	...	...	...	21	3·32	24	3·79
37	Pyapôn ...	12,338	...	...	...	...	16	1·30	36	2·92
38	Kyaiklat ...	10,658	...	...	...	...	13	1·22	31	2·91
TENASSERIM DIVISION.										
39	Thatôn ...	16,851	...	...	...	...	107	6·35	112	6·65
40	Kyaikto ...	6,611	...	...	...	...	2	0·30	20	3·03
41	Moulmein ...	65,506	1	0·02	1	0·02	30	0·46	142	2·17
42	Kawkareik ...	6,575	...	...	...	...	58	8·82	86	13·08
43	Tavoy ...	29,018	...	...	...	...	237	8·17	246	8·48

Annual Statement VI-B, 1932--contd.

5				6						7		8		No.
Dysentery and Diarrhoea.				Respiratory diseases.						Other Tuberculous Diseases.		Beri-beri including epidemic Dropsy.		
Dysentery.		Diarrhoea.		Pulmonary Tuberculosis.		Pneumonia.		Diseases of the Respiratory System.						
Death.	Ratio.	Death.	Ratio.	Death.	Ratio.	Death.	Ratio.	Death.	Ratio.	Death.	Ratio.	Death.	Ratio.	
7	0.18	3	0.08	20	0.53	113	2.97	33	0.87	..	...	8	0.21	1
...	...	1	0.45	4	1.78	9	4.01	2	0.89	...	...	...	...	2
3	0.71	2	0.47	1	0.24	14	3.31	...	...	...	...	...	...	3
3	0.74	...	...	...	...	5	1.23	...	...	...	...	...	...	4
239	0.60	298	0.74	792	1.98	1,663	4.15	543	1.36	42	0.10	98	0.24	5
25	1.16	35	1.62	43	1.99	18	0.83	58	2.68	3	0.14	2	0.09	6
6	0.77	4	0.51	5	0.64	14	1.80	19	2.44	2	0.26	1	0.13	7
7	0.93	2	0.28	23	3.23	18	2.52	3	0.42	2	0.28	...	...	8
7	0.88	4	0.50	1	0.13	7	0.88	3	0.38	...	...	...	...	9
12	1.89	8	1.26	5	0.79	14	2.21	5	0.79	1	0.16	...	...	10
21	1.73	3	0.25	27	2.22	67	5.51	8	0.66	...	...	...	...	11
23	3.00	24	3.13	10	1.30	4	0.52	4	0.52	...	...	...	...	12
3	0.68	2	0.45	2	0.45	18	4.08	...	...	...	...	...	...	13
1	0.18	...	...	...	...	...	...	2	0.36	...	...	...	...	14
9	0.60	3	0.20	14	0.93	21	1.39	2	0.13	...	...	5	0.33	15
2	0.22	1	0.11	...	...	25	2.79	25	2.79	...	...	...	...	16
18	0.88	11	0.54	6	0.29	62	3.03	37	1.81	...	...	...	...	17
2	0.35	2	0.35	16	2.83	3	0.53	1	0.18	3	0.53	2	0.35	18
5	0.69	2	0.28	7	0.96	1	0.14	...	...	1	0.14	...	...	19
1	0.13	...	...	...	...	1	0.13	...	...	...	...	...	...	20
...	...	...	...	1	0.15	1	0.15	1	0.15	...	...	3	0.46	21
12	0.42	6	0.21	27	0.95	53	1.87	5	0.18	...	...	2	0.07	22
4	0.48	2	0.24	10	1.19	26	3.09	21	2.50	...	...	...	...	23
9	0.67	17	1.26	35	2.60	55	4.08	52	3.86	...	...	1	0.07	24
45	0.99	36	0.79	71	1.55	45	0.99	103	2.26	13	0.28	6	0.13	25
9	1.67	7	1.30	7	1.30	2	0.37	2	0.37	...	...	4	0.74	26
3	0.51	1	0.17	10	1.70	10	1.70	9	1.53	...	...	...	...	27
12	0.42	3	0.11	24	0.84	69	2.42	68	2.38	2	0.07	...	...	28
8	0.88	4	0.44	15	1.65	17	1.87	9	0.99	1	0.11	3	0.33	29
6	0.88	4	0.59	5	0.74	8	1.18	6	0.88	2	0.29	...	...	30
7	0.90	9	1.16	18	2.32	26	3.34	13	1.67	...	...	...	...	31
8	0.85	8	0.85	14	1.50	16	1.71	3	0.32	4	0.43	...	...	32
15	1.94	16	2.07	11	1.42	19	2.45	5	0.65	...	...	...	...	33
1	0.11	1	0.11	1	0.11	3	0.34	14	1.57	13	1.46	2	0.22	34
15	1.51	1	0.10	19	1.91	15	1.51	8	0.81	3	0.30	1	0.10	35
5	0.79	7	1.11	9	1.42	9	1.42	2	0.32	...	...	...	...	36
9	0.73	2	0.16	15	1.22	20	1.62	11	0.89	...	...	...	...	37
9	0.84	5	0.47	24	2.25	20	1.88	4	0.38	1	0.09	...	...	38
19	1.13	15	0.89	30	1.78	31	1.84	2	0.12	2	0.12	...	...	39
5	0.76	4	0.61	10	1.51	10	1.51	6	0.91	1	0.15	1	0.15	40
45	0.69	49	0.75	126	1.92	99	1.51	96	1.47	20	0.31	3	0.05	41
7	1.06	5	0.76	18	2.74	27	4.11	...	...	...	...	...	...	42
5	0.17	1	0.03	43	1.48	11	0.38	24	0.83	...	...	...	...	43

STATEMENT VI-B (a).—*Supplement*

1	2	3	4							
No.	Divisions and Towns.	Population (Census 1931).	Influenza.		Diphtheria.		Other fevers.		Total fevers.	
			Death.	Ratio.	Death.	Ratio.	Death.	Ratio.	Death.	Ratio.
	TENASSERIM DIVISION									
	—concl'd.									
44	Mergui ...	20,405	...	...	...	...	219	10·73	242	11·86
45	Toungoo ...	23,223	...	...	...	...	3	0·13	62	2·67
46	Shwegyin ...	5,876	...	...	...	...	1	0·17	49	8·34
47	Pyu ...	7,807	2	0·26	...	...	15	1·92	41	5·25
	MAGWE DIVISION									
48	Thayetmyo ...	9,279	...	...	...	...	4	0·43	14	1·51
49	Allanmyo ...	12,511	21	1·68	1	0·08	58	4·64	130	10·39
50	Minbu ...	6,005	1	0·17	...	...	11	1·83	26	4·33
51	Salin ...	6,654	...	...	...	...	33	4·96	85	12·77
52	Magwe ...	8,209	1	0·12	...	...	...	...	6	0·73
53	Taungdwingyi ...	8,339	...	...	...	...	26	3·12	65	7·79
54	Yenangyaung ...	11,098	...	...	...	...	68	6·13	77	6·94
55	Chauk ...	12,830	...	...	1	0·08	32	2·49	37	2·88
56	Pakôkku ...	23,115	...	...	...	...	70	3·03	105	4·54
	MANDALAY DIVISION.									
57	Mandalay ...	147,932	24	0·16	2	0·01	55	0·37	601	4·06
58	Maymyo ...	21,335	...	...	...	...	11	0·52	76	3·56
59	Myitngè ...	5,682	3	0·53	...	...	12	2·11	16	2·82
60	Kyauksè ...	7,353	1	0·14	...	...	19	2·58	45	6·12
61	Meiktila ...	8,830	2	0·23	...	...	21	2·38	28	3·17
62	Myingyan ...	25,457	...	...	...	...	7	0·27	14	0·55
63	Nyaung-u ...	8,118	...	...	...	...	16	1·97	20	2·46
64	Yamèthin ...	9,291	2	0·22	...	...	2	0·22	23	2·48
65	Pyinmana ...	17,656	...	...	...	...	8	0·45	71	4·02
66	Pyawbwè ...	6,160	3	0·49	...	...	...	...	29	4·71
	SAGAING DIVISION.									
67	Shwebo ...	11,286	...	...	...	...	31	2·75	54	4·78
68	Ye-u ...	3,739	...	...	...	...	35	9·36	40	10·70
69	Sagaing ...	14,127	...	...	...	...	38	2·69	65	4·60
70	Myinmu ...	5,072	...	...	...	...	3	0·59	11	2·17
71	Mônýwa ...	10,800	1	0·09	11	1·02	56	5·19
	Total of Towns, Burma	1,409,041	83	0·06	12	0·01	2,255	1·60	4,618	3·28

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5				6						7		8		1
Dysentery and Diarrhoea.				Respiratory diseases.						Other Tuberculous Diseases.		Beri-beri including Epidemic Dropsy.		No.
Dysentery.		Diarrhoea.		Pulmonary Tuberculosis.		Pneumonia.		Diseases of the Respiratory System.						
Death.	Ratio.	Death.	Ratio.	Death.	Ratio.	Death.	Ratio.	Death.	Ratio.	Death.	Ratio.	Death.	Ratio.	
14	0.69	1	0.05	18	0.88	9	0.44	11	0.54	3	0.15	11	0.54	44
12	0.52	13	0.56	20	0.86	73	3.14	15	0.65	8	0.34	5	0.22	45
8	1.36	1	0.17	10	1.70	...	...	13	2.21	1	0.17	...	...	46
13	1.67	18	2.31	7	0.90	22	2.82	6	0.77	...	...	1	0.13	47
2	0.22	3	0.32	5	0.54	18	1.94	38	4.10	...	...	...	...	48
12	0.96	3	0.24	10	0.80	53	4.24	3	0.24	...	...	...	...	49
7	1.17	4	0.67	9	1.50	4	0.67	20	3.33	...	...	...	...	50
4	0.60	6	0.90	8	1.20	7	1.05	7	1.05	...	...	...	...	51
4	0.49	7	0.85	1	0.12	39	4.75	3	0.37	1	0.12	1	0.12	52
3	0.36	...	...	6	0.72	16	1.92	...	...	2	0.24	1	0.12	53
14	1.26	32	2.88	34	3.06	44	3.96	14	1.26	...	...	...	...	54
2	0.16	...	...	2	0.16	2	0.16	1	0.08	...	...	4	0.31	55
14	0.61	2	0.09	4	0.17	16	0.69	202	8.74	...	...	...	...	56
85	0.57	133	0.90	274	1.85	456	3.08	333	2.25	24	0.16	4	0.03	57
7	0.33	26	1.22	14	0.66	107	5.02	22	1.03	4	0.19	...	...	58
4	0.70	8	1.41	3	0.53	19	3.34	...	...	...	...	...	...	59
...	...	4	0.54	10	1.36	12	1.63	10	1.36	...	...	...	...	60
7	0.79	...	...	11	1.25	54	6.12	2	0.23	...	...	1	0.11	61
7	0.27	6	0.24	28	1.10	41	1.61	228	8.96	2	0.08	...	...	62
4	0.49	8	0.99	2	0.25	7	0.86	9	1.11	5	0.62	...	...	63
4	0.43	2	0.22	10	1.08	36	3.87	...	...	...	..	...	...	64
10	0.57	7	0.40	25	1.42	111	6.29	5	0.28	1	0.06	...	...	65
2	0.32	2	0.32	3	0.49	13	2.11	7	1.14	...	...	...	...	66
1	0.09	3	0.27	17	1.51	14	1.24	3	0.27	...	...	...	...	67
10	2.67	5	1.34	4	1.07	3	0.80	13	3.48	...	...	...	...	68
10	0.71	14	0.99	19	1.34	51	3.61	48	3.40	...	...	1	0.07	69
1	0.20	4	0.79	4	0.79	5	0.99	18	3.55	...	...	...	...	70
5	0.46	2	0.19	27	2.50	53	4.91	46	4.26	...	...	...	...	71
918	0.65	922	0.65	2,104	1.49	3,954	2.81	2,286	1.62	167	0.12	171	0.12	

STATEMENT VI-B (a).—*Supplement to Annual Statement VI-B, 1932—contd.*

1	2	3	9		10		11	12			13
No.	Divisions and Towns.	Population (Census 1931).	Leprosy.		Cancer.		Deaths from Childbirth.	Deaths under one year.			Infant Mortality Rate.
			Death.	Ratio.	Death.	Ratio.		Male.	Female.	Total.	
ARAKAN DIVISION.											
1	Akyab ...	38,094	...	...	6	0·16	5	91	87	178	270·93
2	Minbya ...	2,244	...	...	...	...	4	14	5	19	253·33
3	Kyaukpyu ...	4,232	...	...	...	...	1	12	7	19	135·71
4	Sandoway ...	4,070	1	0·25	...	...	3	12	2	14	114·75
PEGU DIVISION.											
5	Rangoon ...	400,415	73	0·18	62	0·15	50	1,437	1,131	2,568	285·71
6	Pegu ...	21,626	1	0·05	1	0·05	18	112	68	180	211·52
7	Nyaunglebin ...	7,790	1	0·13	...	...	8	46	39	85	303·57
8	Tharrawaddy ...	7,131	1	0·14	2	0·28	4	21	8	29	162·01
9	Thonze ...	7,962	2	0·25	1	0·13	...	34	29	63	251·00
10	Zigon ...	6,338	1	0·16	...	...	5	25	24	49	314·10
11	Letpadan ...	12,160	1	0·08	1	0·08	1	40	34	74	323·14
12	Gyobingauk ...	7,675	...	...	...	...	2	41	44	85	418·72
13	Minhla ...	4,413	1	0·23	1	0·23	3	14	6	20	151·52
14	Nattalin ...	5,633	...	...	...	...	2	13	9	22	150·68
15	Syriam ...	15,070	...	...	6	0·40	5	52	27	79	177·53
16	Thongwa ...	8,976	2	0·22	...	...	1	29	23	52	198·47
17	Insein ...	20,487	...	...	3	0·15	1	61	39	100	288·18
18	Thamaing ...	5,645	...	...	...	...	2	17	14	31	227·94
19	Kamayut ...	7,256	...	...	...	...	6	34	25	59	347·06
20	Thingan gyun ...	7,984	...	...	...	...	6	28	19	47	315·44
21	Kanbe ...	6,575	...	...	...	...	5	22	22	44	254·34
22	Prome ...	28,295	5	0·18	3	0·11	16	161	144	305	299·90
23	Shwedaung ...	8,408	4	0·48	1	0·12	4	37	23	60	221·40
24	Paungdè ...	13,479	1	0·07	1	0·07	4	87	59	146	283·50
IRRAWADDY DIVISION.											
25	Bassein ...	45,662	4	0·09	5	0·11	15	193	141	334	230·98
26	Ngathainggyaung ...	5,380	...	...	...	...	3	20	15	35	233·33
27	Kyônpyaw ...	5,866	...	...	3	0·51	2	20	8	28	148·94
28	Henzada ...	28,542	7	0·25	4	0·14	5	126	99	225	283·73
29	Myanaung ...	9,072	3	0·33	...	...	2	57	45	102	392·31
30	Kyangin ...	6,780	...	...	...	...	9	33	21	54	230·77
31	Myaungmya ...	7,773	1	0·13	...	...	4	36	20	56	234·31
32	Wakèma ...	9,359	...	...	2	0·21	1	38	33	71	262·96
33	Moulmeingyun ...	7,747	...	...	1	0·13	5	39	25	64	300·47
34	Maubin ...	8,897	1	0·11	2	0·22	5	38	29	67	270·16
35	Yandoon ...	9,925	3	0·30	2	0·20	4	51	41	92	318·34
36	Danubyu ...	6,334	...	...	...	...	3	28	23	51	260·20
37	Pyapon ...	12,338	...	...	...	...	4	21	31	52	213·11
38	Kyaiklat ...	10,658	3	0·28	1	0·09	2	43	39	82	282·76
TENASSERIM DIVISION.											
39	Thatôn ...	16,851	2	0·12	2	0·12	3	60	49	109	183·81
40	Kyaikto ...	6,611	2	0·30	...	...	3	22	23	45	226·13
41	Moulmein ...	65,506	17	0·26	16	0·24	20	155	144	299	161·80
42	Kawkareik ...	6,575	...	...	1	0·15	...	55	58	113	374·17
43	Tavoy ...	29,018	...	...	...	...	18	72	49	121	139·56

STATEMENT VI-B (a).—*Supplement to Annual Statement VI-B, 1932—concl'd.*

1	2	3	9		10		11	12			13
No.	Divisions and Towns.	Population Census (1931.)	Leprosy.		Cancer.		Deaths from Childbirth.	Deaths under one year.			Infant Mortality Rate.
			Death.	Ratio.	Death.	Ratio.		Male.	Female.	Total.	
	TENASSERIM DIVISION —concl'd.										
44	Mergui ...	20,405	1	0·05	1	0·05	9	79	58	137	179·79
45	Toungoo ...	23,223	1	0·04	2	0·09	7	40	35	75	115·38
46	Shwegyin ...	5,876	...	...	...	...	3	13	20	33	158·65
47	Pyu ...	7,807	2	0·26	2	0·26	3	33	32	65	235·51
	MAGWE DIVISION.										
48	Thayetmyo ...	9,279	1	0·11	...	...	7	72	66	138	366·05
49	Allanmyo ...	12,511	1	0·08	...	...	1	65	47	112	258·66
50	Minbu ...	6,005	...	...	...	...	...	25	28	53	233·48
51	Salin ...	6,654	1	0·15	1	0·15	1	32	37	69	294·87
52	Magwe ...	8,209	3	0·37	2	0·24	1	44	42	86	316·18
53	Taungdwingyi ...	8,339	4	0·48	...	...	...	100	83	183	551·20
54	Yenangyaung ...	11,098	2	0·18	2	0·18	1	86	67	153	348·52
55	Chauk ...	12,830	...	...	1	0·08	...	56	39	95	366·80
56	Pakôkku ...	23,115	8	0·35	...	...	19	148	136	284	330·23
	MANDALAY DIVISION.										
57	Mandalay ...	147,932	18	0·12	14	0·09	59	1,227	1,006	2,233	290·15
58	Maymyo ...	21,335	...	...	3	0·14	2	89	63	152	191·44
59	Myitnge ...	5,682	...	...	...	...	1	21	24	45	333·33
60	Kyaukse ...	7,353	...	...	...	...	1	42	45	87	341·18
61	Meiktila ...	8,830	...	...	4	0·45	1	75	47	122	337·02
62	Myingyan ...	25,457	7	0·27	3	0·12	21	221	187	408	410·88
63	Nyaung-u ...	8,118	4	0·49	3	0·37	3	48	35	83	288·19
64	Yamethin ...	9,291	3	0·32	3	0·32	5	52	44	96	282·35
65	Pyinmana ...	17,656	2	0·11	2	0·11	7	111	93	204	282·55
66	Pyawbwe ...	6,160	1	0·16	...	...	5	44	43	87	439·39
	SAGAING DIVISION.										
67	Shwebo ...	11,286	1	0·09	...	...	2	100	107	207	318·46
68	Ye-u ...	3,739	...	...	1	0·27	...	22	18	40	222·22
69	Sagaing ...	14,127	2	0·14	...	...	2	114	90	204	325·88
70	Myinmu ...	5,072	...	...	...	...	2	21	26	47	268·57
71	Mônýwa ...	10,800	2	0·19	...	...	8	64	57	121	261·90
	Total of Towns, Burma	1,409,041	201	0·14	171	0·12	435	6,591	5,356	11,947	271·72

ANNUAL STATEMENT NO. VII.—Deaths registered from Cholera in the

1	2	3		4							
No.	Divisions and Districts,	Circles of Registration.		Village-tracts.		January.	February.	March.	April.	May.	June.
		Number in each district.	Number from which deaths from cholera were reported.	Number in each district.	Number from which deaths from cholera were reported.						
ARAKAN DIVISION.											
1	Akyab ...	11	11	719	133	40	156	305	271	40	33
2	Kyaukpyu ...	6	3	265	8	...	...	13	74	2	...
3	Sandoway ...	6	...	160	...	...	...	...	...	...	...
PEGU DIVISION.											
4	Rangoon ...	1	1	1	1	...	...	...	...	1	2
5	Pegu ...	19	1	410	2	...	...	...	...	1	2
6	Tharrawaddy ...	16	1	455	1	...	...	...	...	1	...
7	Hanthawaddy ...	9	...	467	...	...	...	...	...	...	...
8	Insein ...	9	1	312	1	...	...	...	...	...	1
9	Prôme ...	14	...	345	...	...	...	...	...	...	...
IRRAWADDY DIVISION.											
10	Bassein ...	15	1	571	1	...	...	...	...	...	1
11	Henzada ...	9	1	466	1	...	...	...	...	...	...
12	Myaungmya ...	9	...	517	...	...	...	...	...	...	...
13	Maubin ...	7	1	271	1	...	...	...	1	...	...
14	Pyapôn ...	6	1	327	1	...	...	...	...	1	...
TENASSERIM DIVISION.											
15	Thatôn ...	13	...	373	...	...	...	...	...	...	...
16	Amherst ...	10	1	334	1	...	...	...	1	...	...
17	Tavoy ...	6	...	170	...	...	...	...	...	...	...
18	Mergui ...	6	...	139	...	...	...	...	...	...	...
19	Toungoo ...	15	3	531	3	...	...	...	2	...	2
MAGWE DIVISION.											
20	Thayetmyo ...	8	1	501	1	...	...	...	...	1	...
21	Minbu ...	10	1	350	1	...	...	...	...	1	...
22	Magwe ...	10	1	428	1	...	...	...	...	...	...
23	Pakôkku ...	9	3	619	3	...	...	...	...	...	2
MANDALAY DIVISION.											
24	Mandalay ...	10	1	306	1	...	...	...	...	...	...
25	Kyauksè ...	5	...	249	...	...	...	...	...	...	...
26	Meiktila ...	5	5	297	15	...	...	...	...	...	...
27	Myingyan ...	9	1	450	1	...	...	...	...	1	...
28	Yamèthin ...	12	...	348	...	...	...	...	...	...	...
SAGAING DIVISION.											
29	Shwebo ...	10	...	549	...	...	...	...	...	...	...
30	Sagaing ...	8	...	287	...	...	...	...	...	...	...
31	Lower Chindwin ...	8	2	351	2	...	...	...	1	1	...
Total, Burma ...		291	41	11,568	179	40	156	318	350	50	43

Districts of Burma during each month of the year 1932. (Paragraphs 18 and 19.)

5						6			7			8	9
July.	August.	September.	October.	November.	December.	Total.			Ratio of deaths per 1,000 of population.			Mean ratio per 1,000 of previous five years.	No.
						Males.	Females.	Total.	Males.	Females.	Total.		
9	31	12	10	...	...	519	388	907	1.53	1.31	1.43	0.96	1
...	16	3	...	...	...	50	58	108	0.46	0.52	0.49	0.27	2
...	0.07	3
...	1	2	3	0.00	0.02	0.01	0.15	4
...	2	1	3	0.01	0.00	0.01	0.18	5
...	1	...	1	0.00	...	0.00	0.38	6
...	0.13	7
...	1	...	1	0.01	...	0.00	0.12	8
...	0.38	9
...	1	1	...	0.00	0.00	0.63	10
1	1	...	1	0.00	...	0.00	0.50	11
...	0.47	12
...	1	1	...	0.01	0.00	0.72	13
...	1	1	...	0.01	0.00	0.71	14
...	0.18	15
...	1	1	...	0.00	0.00	0.26	16
...	17
...	18
1	1	4	5	0.00	0.02	0.01	0.18	19
...	1	...	1	0.01	...	0.00	0.20	20
...	1	...	1	0.01	...	0.00	0.61	21
1	1	...	1	0.00	...	0.00	0.28	22
...	1	...	...	...	...	3	...	3	0.01	...	0.01	0.33	23
...	1	1	...	0.01	0.00	0.51	24
...	0.72	25
15	22	...	...	2	...	25	14	39	0.17	0.09	0.13	0.48	26
...	1	...	1	0.00	...	0.00	0.29	27
...	0.22	28
...	0.11	29
...	0.68	30
...	2	...	2	0.01	...	0.01	0.26	31
28	70	15	10	2	...	610	472	1,082	0.10	0.08	0.09	0.38	

ANNUAL STATEMENT NO. VIII.—Deaths registered from Small-pox in the

1	2	3		4		5						
No.	Divisions and Districts.	Circles of Registration.		Village-tracts.		January.	February.	March.	April.	May.	June.	July.
		Number in each district.	Number from which deaths from small-pox were reported.	Number in each district.	Number from which deaths from small-pox were reported.							
ARAKAN DIVISION.												
1	Akyab ...	11	4	719	15	12	7	6	8	12	28	7
2	Kyaukpyu ...	6	...	265	...	...	...	...	...	...	...	...
3	Sadoway ...	6	1	160	4	...	2	14	10	3	1	...
PEGU DIVISION.												
4	Rangoon ...	1	1	1	1	38	109	198	98	28	12	7
5	Pegu ...	19	5	410	11	1	1	1	3	1	2	3
6	Tharrawaddy ...	16	11	455	15	1	7	22	11	8	8	5
7	Hanthawaddy ...	9	7	467	16	1	2	3	7	4	4	1
8	Insein ...	9	9	312	92	2	13	35	43	20	4	6
9	Proine ...	14	7	345	9	...	...	3	14	3	2	1
IRRAWADDY DIVISION.												
10	Bassein ...	15	5	571	47	...	2	...	3	2	12	2
11	Henzada ...	9	6	466	19	...	1	4	3	6	6	5
12	Myaungmya ...	9	5	517	58	1	2	5	6	11	3	6
13	Maubin ...	7	5	271	11	1	...	3	4	...	5	2
14	Pyapôn ...	6	3	327	9	...	...	...	...	4	4	3
TENASSERIM DIVISION.												
15	Thatôn ...	13	5	373	16	...	...	...	9	19	4	2
16	Amherst ...	10	2	334	2	...	...	...	1	...	1	...
17	Tavoy ...	6	3	170	3	...	...	...	...	5	...	2
18	Mergui ...	6	...	139	...	...	...	...	...	...	...	...
19	Toungoo ...	15	4	531	8	...	...	2	7	2	...	...
MAGWE DIVISION.												
20	Thayetmyo ...	8	2	501	5	...	...	1	1	3	...	...
21	Minbu ...	10	...	350	...	...	...	...	...	...	...	...
22	Magwe ...	10	6	428	6	...	...	...	1	5	1	1
23	Pakôkku ...	9	4	619	4	...	...	...	1	...	...	3
MANDALAY DIVISION.												
24	Mandalay ...	10	9	306	35	11	22	58	230	230	117	41
25	Kyauksè ...	5	5	249	22	...	...	14	12	15	3	8
26	Meiktila ...	5	4	297	14	...	...	11	3	7	3	2
27	Myingyan ...	9	4	450	6	...	...	2	14	30	13	2
28	Yamèthin ...	12	5	348	5	...	3	6	8	7	...	4
SAGAING DIVISION.												
29	Shwebo ...	10	8	549	42	...	1	2	5	11	14	2
30	Sagaing ...	8	8	287	116	7	12	22	32	58	23	13
31	Lower Chindwin ...	8	8	351	74	8	13	73	64	42	11	3
Total, Burma ...		291	146	11,568	665	83	197	485	598	536	281	131

Districts of Burma during each month of the year 1932. (Paragraphs 18 and 23.)

					6			7		8			9	10
August.	September.	October.	November.	December.	Total.			Number of these deaths among children.		Ratio of deaths per 1,000 of population.			Mean ratio per 1,000 of previous five years.	No.
					Males.	Females.	Total.	Under 1 year.	One and under 10 years.	Males.	Females.	Total.		
...	...	...	...	...	44	36	80	...	...	0.13	0.12	0.13	0.55	1
...	...	...	...	...	...	...	...	...	...	...	...	...	0.03	2
...	...	...	...	...	22	8	30	1	2	0.34	0.12	0.23	0.03	3
...	...	1	...	2	302	191	493	81	122	1.11	1.48	1.23	0.35	4
...	...	...	...	...	8	4	12	...	4	0.03	0.02	0.02	0.13	5
1	...	...	...	1	34	30	64	10	21	0.13	0.12	0.13	0.03	6
...	3	1	...	2	16	12	28	3	8	0.07	0.06	0.07	0.05	7
2	1	1	...	3	70	60	130	17	30	0.40	0.38	0.39	0.07	8
...	...	2	...	...	15	10	25	...	16	0.07	0.05	0.06	0.10	9
3	6	5	6	7	30	18	48	9	11	0.10	0.06	0.08	0.01	10
7	1	...	1	1	20	15	35	...	7	0.07	0.05	0.06	0.05	11
5	2	1	1	21	38	26	64	4	30	0.16	0.12	0.14	0.00	12
3	1	2	1	...	15	7	22	2	12	0.08	0.04	0.06	0.03	13
1	...	...	...	4	8	8	16	2	6	0.04	0.05	0.05	0.09	14
1	1	...	...	...	18	18	36	3	3	0.07	0.07	0.07	0.04	15
...	1	...	...	...	3	...	3	1	...	0.01	...	0.01	0.19	16
3	1	1	...	...	7	5	12	1	1	0.08	0.06	0.07	0.00	17
...	...	...	...	...	...	...	...	...	...	...	...	...	...	18
1	...	...	...	...	10	2	12	2	1	0.05	0.01	0.03	0.35	19
...	...	...	...	2	3	4	7	1	4	0.02	0.03	0.03	0.16	20
...	...	...	...	...	...	...	...	...	...	...	...	...	0.00	21
...	...	...	...	...	8	...	8	1	3	0.03	...	0.02	0.20	22
3	...	...	...	...	3	4	7	...	...	0.01	0.02	0.01	0.10	23
12	24	1	2	3	409	342	751	128	348	2.13	1.90	2.02	0.12	24
1	...	...	...	...	28	25	53	4	1	0.37	0.33	0.35	0.03	25
1	2	...	...	...	18	11	29	1	12	0.12	0.07	0.09	0.04	26
...	1	...	...	...	22	40	62	...	...	0.10	0.16	0.13	0.41	27
...	...	...	...	...	12	16	28	4	15	0.06	0.08	0.07	0.15	28
5	...	1	...	3	26	18	44	...	6	0.12	0.08	0.10	0.10	29
2	...	...	...	...	93	76	169	6	20	0.58	0.43	0.50	0.22	30
2	...	...	...	...	103	113	216	20	65	0.58	0.55	0.56	0.15	31
53	44	16	11	49	1,385	1,099	2,484	301	748	0.22	0.19	0.21	0.14	

ANNUAL STATEMENT NO. IX.—Deaths registered from Fevers in the

1	2	3		4		5					
No.	Divisions and Districts.	Circles of Registration.		Village-tracts.		January.	February.	March.	April.	May.	June.
		Number in each district.	Number from which deaths from fevers were reported.	Number in each district.	Number from which deaths from fevers were reported.						
ARAKAN DIVISION.											
1	Akyab ...	11	11	719	458	526	417	438	296	263	262
2	Kyaukpyu ...	6	6	265	265	207	154	112	182	113	75
3	Sandoway ...	6	6	160	160	164	106	86	80	69	74
PEGU DIVISION.											
4	Rangoon ...	1	1	1	1	30	26	31	31	36	30
5	Pegu ...	19	19	410	401	129	152	242	132	149	120
6	Tharrawaddy ...	16	16	455	455	315	189	271	178	188	267
7	Hanthawaddy ...	9	9	467	467	139	93	82	119	92	129
8	Insein ...	9	9	312	312	125	149	133	118	118	100
9	Prome ...	14	14	345	345	323	162	246	170	193	248
IRRAWADDY DIVISION.											
10	Bassein ...	15	15	571	557	223	175	181	193	168	215
11	Henzada ...	9	9	466	466	155	181	162	163	128	151
12	Myaungmya ...	9	8	517	503	127	82	75	39	59	228
13	Maubin ...	7	7	271	271	125	94	65	102	106	95
14	Pyapôn ...	6	6	327	321	119	122	149	110	132	134
TENASSERIM DIVISION.											
15	Thatôn ...	13	13	373	373	220	137	98	153	157	156
16	Amherst ...	10	10	334	334	134	123	159	73	109	139
17	Tavoy ...	6	6	170	170	148	143	128	135	181	129
18	Mergui ...	6	6	139	139	123	134	117	109	100	97
19	Toungoo ...	15	15	531	531	197	239	270	133	128	142
MAGWE DIVISION.											
20	Thayetmyo ...	8	8	501	339	96	53	263	50	51	63
21	Minbu ...	10	10	350	336	492	270	231	349	202	147
22	Magwe ...	10	10	428	428	167	190	157	163	181	185
23	Pakôkku ...	9	9	619	619	436	299	367	453	428	317
MANDALAY DIVISION.											
24	Mandalay ...	10	10	306	243	263	253	158	182	198	230
25	Kyauksè ...	5	5	249	249	249	136	118	159	118	58
26	Meiktila ...	5	5	297	297	248	114	112	236	124	61
27	Myingyan ...	9	8	450	241	144	97	90	164	92	56
28	Yamèthin ...	12	12	347	333	257	164	224	170	169	170
SAGAING DIVISION.											
29	Shwebo ...	10	10	549	549	531	420	422	388	390	290
30	Sagaing ...	8	8	287	195	228	135	189	214	163	162
31	Lower Chindwin ...	8	8	351	329	398	309	251	254	226	213
	Total, Burma ...	291	289	11,568	10,687	7,038	5,318	5,627	5,298	4,831	4,743

Districts of Burma during each month of the year 1932. (Paragraphs 18 and 31).

						6			7			8	9
July.	August.	September.	October.	November.	December.	Total.			Ratio of deaths per 1,000 of population.			Mean ratio per 1,000 of previous five years.	No.
						Males.	Females.	Total.	Males.	Females.	Total.		
367	359	337	1,394	992	655	3,294	3,012	6,306	9.73	10.14	9.92	11.77	1
196	124	91	153	100	93	818	782	1,600	7.59	6.95	7.26	7.63	2
133	159	96	118	99	123	675	632	1,307	10.51	9.72	10.11	10.05	3
21	21	20	20	36	24	230	96	326	0.85	0.74	0.81	1.11	4
154	126	181	135	148	222	1,063	827	1,890	4.19	3.51	3.86	4.92	5
238	234	323	222	332	403	1,704	1,456	3,160	6.75	5.69	6.22	6.75	6
141	81	105	191	148	167	848	639	1,487	3.87	3.36	3.64	4.25	7
160	95	87	163	192	268	964	744	1,708	5.49	4.77	5.15	6.10	8
333	428	398	355	379	520	1,844	1,911	3,755	9.08	9.21	9.14	10.19	9
240	243	254	273	209	276	1,355	1,295	2,650	4.64	4.64	4.64	5.66	10
254	354	266	243	295	352	1,390	1,314	2,704	4.58	4.25	4.41	4.47	11
217	184	167	97	121	128	822	702	1,524	3.49	3.36	3.43	3.60	12
143	110	130	223	218	153	814	750	1,564	4.31	4.10	4.21	2.59	13
102	137	157	167	276	223	1,036	792	1,828	5.77	5.12	5.47	5.11	14
241	252	221	339	259	193	1,251	1,175	2,426	4.55	4.56	4.55	4.80	15
153	161	168	121	137	219	953	743	1,696	3.52	3.03	3.29	3.52	16
136	142	127	129	118	194	846	864	1,710	9.13	9.89	9.50	14.13	17
134	100	93	159	126	130	737	685	1,422	8.64	8.93	8.78	10.67	18
255	245	222	206	286	292	1,421	1,194	2,615	6.46	5.72	6.10	6.96	19
88	112	62	82	100	111	546	585	1,131	4.03	4.22	4.13	11.11	20
261	333	276	278	363	682	1,993	1,891	3,884	14.58	13.39	13.98	13.91	21
169	177	141	212	192	298	1,201	1,031	2,232	4.79	4.14	4.47	4.97	22
583	580	472	596	463	508	2,790	2,712	5,502	11.57	10.51	11.02	11.74	23
170	217	248	193	289	320	1,434	1,287	2,721	7.48	7.15	7.32	7.81	24
135	133	204	95	115	134	866	788	1,654	11.57	10.31	10.93	12.92	25
204	98	73	178	218	148	958	856	1,814	6.51	5.26	5.85	4.76	26
149	79	39	99	88	73	623	547	1,170	2.72	2.24	2.48	2.99	27
197	236	242	182	237	278	1,346	1,180	2,526	6.93	6.01	6.46	7.80	28
421	435	379	438	625	1,028	2,895	2,872	5,767	13.52	12.35	12.91	13.65	29
162	115	122	138	188	284	1,063	1,037	2,100	6.65	5.89	6.25	6.06	30
264	299	353	296	366	489	1,831	1,887	3,718	10.26	9.21	9.70	10.41	31
6,421	6,369	6,054	7,495	7,715	8,988	39,611	36,286	75,897	6.41	6.13	6.27	7.04	

ANNUAL STATEMENT NO. X.—Deaths registered from Dysentery and Diarrhœa

1	2	3		4							
No.	Divisions and Districts.	Circles of Registration.		Village-tracts.		January.	February.	March.	April.	May.	June.
		Number in each district.	Number from which deaths from dysentery and diarrhoea were reported.	Number in each district.	Number from which deaths from dysentery and diarrhoea were reported.						
ARAKAN DIVISION.											
1	Akyab ...	11	11	719	80	12	25	52	43	28	9
2	Kyaukpyu ...	6	6	265	24	22	5	5	27	12	8
3	Sandoway ...	6	4	160	33	3	1	...	4	8	3
PEGU DIVISION.											
4	Rangoon ...	1	1	1	1	57	24	39	27	29	66
5	Pegu ...	19	14	410	24	8	4	1	2	5	13
6	Tharrawaddy ...	16	16	455	222	12	8	7	15	13	45
7	Hanthawaddy ...	9	9	467	165	9	5	2	21	27	26
8	Insein ...	9	8	312	56	3	4	3	6	4	6
9	Prome ...	14	12	345	71	9	4	8	3	8	12
IRRAWADDY DIVISION.											
10	Bassein ...	15	14	571	85	25	8	8	8	8	18
11	Henzada ...	9	9	466	98	6	2	8	2	5	16
12	Myaungmya ...	9	8	517	25	14	16	18	15	16	21
13	Maubin ...	7	7	271	43	4	8	5	5	12	13
14	Pyapôn ...	6	6	327	33	15	13	13	15	11	8
TENASSERIM DIVISION.											
15	Thatôn ...	13	13	373	74	7	7	8	5	5	18
16	Amherst ...	10	10	334	130	29	28	15	17	31	25
17	Tavoy ...	6	4	170	23	5	3	4	...	9	2
18	Mergui ...	6	5	139	71	3	10	8	5	5	9
19	Toungoo ...	15	13	531	23	3	2	9	11	6	14
MAGWE DIVISION.											
20	Thayetmyo ...	8	7	501	12	3	2	3	1	1	2
21	Minbu ...	10	10	350	55	5	1	7	2	7	7
22	Magwe ...	10	9	428	21	4	5	6	6	5	7
23	Pakôkku ...	9	9	619	252	27	13	14	25	29	24
MANDALAY DIVISION.											
24	Mandalay ...	10	8	306	16	22	15	17	14	30	29
25	Kyauksè ...	5	4	249	19	2	...	1	...	3	...
26	Meiktila ...	5	5	297	42	3	9	4	6	11	11
27	Myingyan ...	9	8	450	58	11	2	4	8	8	7
28	Yamèthin ...	12	11	348	33	2	3	2	4	1	6
SAGAING DIVISION.											
29	Shwebo ...	10	10	549	34	5	8	8	9	13	13
30	Sagaing ...	8	8	287	33	6	7	8	11	10	5
31	Lower Chindwin ...	8	8	351	98	20	15	11	13	12	17
	Total, Burma ...	291	267	11,568	1,954	356	257	298	330	372	460

in the Districts of Burma during each month of the year 1932. (Paragraphs 18 and 33).

5						6			7			8	9
July.	August.	September.	October.	November.	December.	Total.			Ratio of deaths per 1,000 of population.			Mean ratio per 1,000 of previous five years.	No.
						Males.	Females.	Total.	Males.	Females.	Total.		
6	4	5	24	22	36	159	107	266	0.47	0.36	0.42	0.71	1
13	11	2	6	2	2	63	52	115	0.58	0.46	0.52	0.55	2
12	8	6	3	3	5	32	24	56	0.50	0.37	0.43	0.65	3
90	61	39	38	36	31	332	205	537	1.22	1.58	1.34	2.35	4
25	15	13	4	5	4	67	32	99	0.26	0.14	0.20	0.30	5
93	66	52	30	36	29	223	183	406	0.88	0.72	0.80	0.73	6
9	15	4	22	23	15	109	69	178	0.50	0.36	0.44	0.43	7
20	10	13	12	3	5	57	32	89	0.32	0.21	0.27	0.54	8
16	16	19	20	11	3	78	51	129	0.38	0.25	0.31	0.78	9
36	40	29	16	11	25	131	101	232	0.45	0.36	0.41	0.75	10
37	54	29	26	21	13	125	94	219	0.41	0.30	0.36	0.69	11
24	31	8	31	24	26	140	104	244	0.59	0.50	0.55	0.76	12
24	27	11	7	8	8	60	72	132	0.32	0.39	0.36	0.48	13
19	23	16	26	24	26	119	90	209	0.66	0.58	0.63	0.83	14
23	16	8	13	15	15	88	52	140	0.32	0.20	0.26	0.70	15
32	25	25	23	16	49	180	135	315	0.66	0.55	0.61	0.72	16
12	1	1	...	...	1	20	18	38	0.22	0.21	0.21	0.92	17
17	5	8	9	8	6	52	41	93	0.61	0.53	0.57	0.85	18
20	29	13	12	12	9	83	57	140	0.38	0.27	0.33	0.40	19
4	11	3	2	1	3	20	16	36	0.15	0.12	0.13	0.40	20
19	13	8	4	2	3	46	32	78	0.34	0.23	0.29	0.61	21
23	10	21	14	8	6	69	46	115	0.28	0.18	0.23	0.37	22
102	51	30	31	8	15	190	179	369	0.79	0.69	0.74	0.97	23
41	28	20	16	33	17	150	132	282	0.78	0.73	0.76	1.49	24
1	3	2	3	5	3	10	13	23	0.13	0.17	0.15	0.32	25
11	11	7	10	5	2	55	35	90	0.37	0.21	0.29	0.73	26
19	8	4	11	3	2	42	45	87	0.18	0.18	0.18	0.41	27
25	13	11	3	1	6	37	40	77	0.19	0.20	0.20	0.38	28
23	13	4	5	8	6	69	46	115	0.32	0.20	0.26	0.63	29
10	5	12	5	6	3	55	33	88	0.34	0.19	0.26	0.39	30
28	25	13	13	15	12	99	95	194	0.55	0.46	0.51	0.64	31
834	648	436	439	375	386	2,960	2,231	5,191	0.48	0.38	0.43	0.70	

ANNUAL STATEMENT NO. XI.—Deaths registered from Respiratory Diseases in

1	2	3		4							
No.	Divisions and Districts.	Circles of Registration.		Village-tracts.		January.	February.	March.	April.	May.	June.
		Number in each district.	Number from which deaths from respiratory diseases were reported.	Number in each district.	Number from which deaths from respiratory diseases were reported.						
	ARAKAN DIVISION.										
1	Akyab ...	11	11	719	67	61	56	81	31	19	20
2	Kyaukpyu ...	6	3	265	3	...	1	3	1	2	1
3	Sandoway ...	6	4	160	11	3	6	3	3	2	5
	PEGU DIVISION.										
4	Rangoon ...	1	1	1	1	246	229	238	232	220	237
5	Pegu ...	19	4	410	21	19	15	10	15	12	16
6	Tharrawaddy ...	16	16	455	90	28	34	29	18	19	23
7	Hanthawaddy ...	9	8	467	77	12	9	20	10	3	12
8	Insein ...	9	6	312	16	18	12	7	7	7	21
9	Prome ...	14	9	345	46	20	27	48	20	15	26
	IRRAWADDY DIVISION.										
10	Bassein ...	15	12	571	52	36	33	38	24	21	29
11	Henzada ...	9	8	466	38	26	17	16	13	24	25
12	Myaungmya ...	9	7	517	21	28	20	6	13	16	14
13	Maubin ...	7	7	271	25	10	12	10	6	3	4
14	Pyapôn ...	6	6	327	23	19	13	16	5	7	14
	TENASSERIM DIVISION.										
15	Thatôn ...	13	13	373	51	13	6	4	10	17	21
16	Amherst ...	10	10	334	188	56	41	55	40	47	63
17	Tavoy ...	6	4	170	22	12	13	7	7	11	12
18	Mergui ...	6	5	139	77	14	11	14	14	4	9
19	Toungoo ...	15	6	531	6	16	12	11	15	8	10
	MAGWE DIVISION.										
20	Thayetmyo ...	8	4	501	9	17	7	12	10	10	7
21	Minbu ...	10	4	350	30	8	7	7	6	8	3
22	Magwe ...	10	7	428	22	13	14	14	12	13	10
23	Pakôkku ...	9	7	619	19	22	20	9	17	28	10
	MANDALAY DIVISION.										
24	Mandalay ...	10	7	306	7	121	83	94	89	88	95
25	Kyauksè ...	5	3	249	3	3	...	3	5	1	...
26	Meiktila ...	5	5	297	30	8	6	9	8	5	4
27	Myingyan ...	9	6	450	39	76	26	28	20	24	17
28	Yamèthin ...	12	8	348	53	14	15	18	33	13	9
	SAGAING DIVISION.										
29	Shwebo ...	10	9	549	24	10	6	5	15	14	15
30	Sagaing ...	8	6	287	6	20	6	13	20	13	12
31	Lower Chindwin ...	8	8	351	210	120	83	74	71	87	91
	Total ...	291	214	11,568	1,287	1,069	840	902	790	761	836

the Districts of Burma during each month of the year 1932. (Paragraphs 18 and 34.)

5							6			7			8	9
							Total.			Ratio of deaths per 1,000 of population.			Mean ratio per 1,000 of previous five years.	No.
	July.	August.	September.	October.	November.	December.	Males.	Females.	Total.	Males.	Females.	Total.		
	25	24	64	67	34	39	320	201	521	0·95	0·68	0·82	0·97	1
	2	1	2	2	2	1	9	9	18	0·08	0·08	0·08	0·15	2
	2	1	2	4	...	1	22	10	32	0·34	0·15	0·25	0·30	3
	243	275	256	273	292	257	1,905	1,093	2,998	7·03	8·45	7·49	8·70	4
	11	17	29	29	21	31	141	84	225	0·56	0·36	0·46	0·46	5
	32	34	33	43	65	39	205	192	397	0·81	0·75	0·78	0·59	6
	16	22	9	16	11	22	115	47	162	0·53	0·25	0·40	0·39	7
	19	11	6	17	14	13	92	60	152	0·52	0·38	0·46	0·55	8
	34	37	21	33	26	24	203	128	331	1·00	0·62	0·81	1·28	9
	41	33	63	49	61	91	303	216	519	1·04	0·77	0·91	1·13	10
	48	26	21	24	33	34	172	135	307	0·57	0·44	0·50	0·59	11
	18	15	13	17	15	24	108	91	199	0·46	0·44	0·45	0·55	12
	9	13	12	29	22	11	81	60	141	0·43	0·33	0·38	0·62	13
	13	15	13	26	39	34	118	96	214	0·66	0·62	0·64	0·65	14
	18	8	14	5	8	14	73	65	138	0·27	0·25	0·26	0·59	15
	39	48	84	84	56	83	405	291	696	1·50	1·19	1·35	1·37	16
	6	9	5	8	7	12	78	31	109	0·84	0·35	0·61	0·85	17
	15	8	17	14	19	5	82	62	144	0·96	0·81	0·89	0·85	18
	12	15	21	20	16	15	97	74	171	0·44	0·35	0·40	0·51	19
	4	8	8	9	20	24	73	63	136	0·54	0·45	0·50	0·33	20
	10	6	5	11	10	6	58	29	87	0·42	0·21	0·31	0·44	21
	19	10	17	12	22	24	92	88	180	0·37	0·35	0·36	0·66	22
	18	22	19	33	28	16	123	119	242	0·51	0·46	0·48	0·71	23
	93	99	98	121	140	116	728	509	1,237	3·80	2·83	3·33	4·14	24
	...	2	...	6	3	11	20	14	34	0·27	0·18	0·22	0·35	25
	17	3	8	22	13	11	73	41	114	0·50	0·25	0·37	0·42	26
	22	27	23	43	39	42	216	171	387	0·94	0·70	0·82	0·66	27
	29	38	38	38	102	53	222	178	400	1·14	0·91	1·02	0·55	28
	10	12	8	6	2	5	62	46	108	0·29	0·20	0·24	0·51	29
	10	10	7	12	8	19	89	62	151	0·56	0·35	0·45	0·26	30
	110	112	133	118	146	135	697	583	1,280	3·90	2·85	3·34	1·14	31
	945	961	1,049	1,191	1,274	1,212	6,982	4,848	11,830	1·13	0·82	0·98	1·04	

ANNUAL STATEMENT NO. XII.—Deaths registered from Plague in the

1	2	3		4							
No.	Divisions and Districts.	Circles of Registration.		Village-tracts.		January.	February.	March.	April.	May.	June.
		Number in each district.	Number from which deaths from Plague were reported.	Number in each district.	Number from which deaths from Plague were reported.						
ARAKAN DIVISION.											
1	Akyab ...	11	...	719	...	...	...	...	...	...	...
2	Kyaukpyu ...	6	...	265	...	...	...	...	...	...	...
3	Sandoway ...	6	...	160	...	...	...	...	...	...	...
PEGU DIVISION.											
4	Rangoon ...	1	1	1	1	1	8	4	6	...	2
5	Pegu ...	19	4	410	6	7	17	13	5	...	...
6	Tharrawaddy ...	16	10	455	11	96	80	18	2	...	...
7	Hanthawaddy ...	9	2	467	2	...	6	5	7	2	...
8	Insein ...	9	1	312	2	9	2	1	...	...	...
9	Prome ...	14	5	345	10	11	42	38	9	...	...
IRRAWADDY DIVISION											
10	Bassein ...	15	6	571	8	13	25	10	5	3	5
11	Henzada ...	9	3	466	3	34	23	7	1	...	...
12	Myaungmya ...	9	2	517	2	...	...	4	4	3	1
13	Maubin ...	7	2	271	2	5	9	12	4	1	2
14	Pyapôn ...	6	...	327	...	...	...	...	...	...	...
TENASSERIM DIVISION.											
15	Thatôn ...	13	5	373	18	9	12	49	6	2	3
16	Amherst ...	10	...	334	...	...	...	...	...	...	...
17	Tavoy ...	6	...	170	...	...	...	...	...	...	...
18	Mergui ...	6	...	139	...	...	...	...	...	...	...
19	Toungoo ...	15	6	531	6	14	44	33	2	...	...
MAGWE DIVISION.											
20	Thayetmyo ...	8	2	501	2	10	8	2	...	...	...
21	Minbu ...	10	2	350	2	...	1	17	1	...	...
22	Magwe ...	10	7	428	7	31	22	10	4	...	...
23	Pakkôku ...	9	...	619	...	...	...	...	...	...	...
MANDALAY DIVISION.											
24	Mandalay ...	10	4	306	4	56	142	177	24	3	3
25	Kyauksè ...	5	...	249	...	...	...	...	...	...	...
26	Meiktila ...	5	5	297	21	25	17	5	...	...	...
27	Myingyan ...	9	3	450	4	1	3	14	3	...	...
28	Yamèthin ...	12	5	348	5	3	...	1	...	...	...
SAGAING DIVISION.											
29	Shwebo ...	10	1	549	1	...	1	...	...	...	...
30	Sagaing ...	8	4	287	5	6	7	1	...	...	...
31	Lower Chindwin ...	8	2	351	3	...	26	20	1	...	...
Total ...		291	82	11,568	125	331	495	441	84	14	16

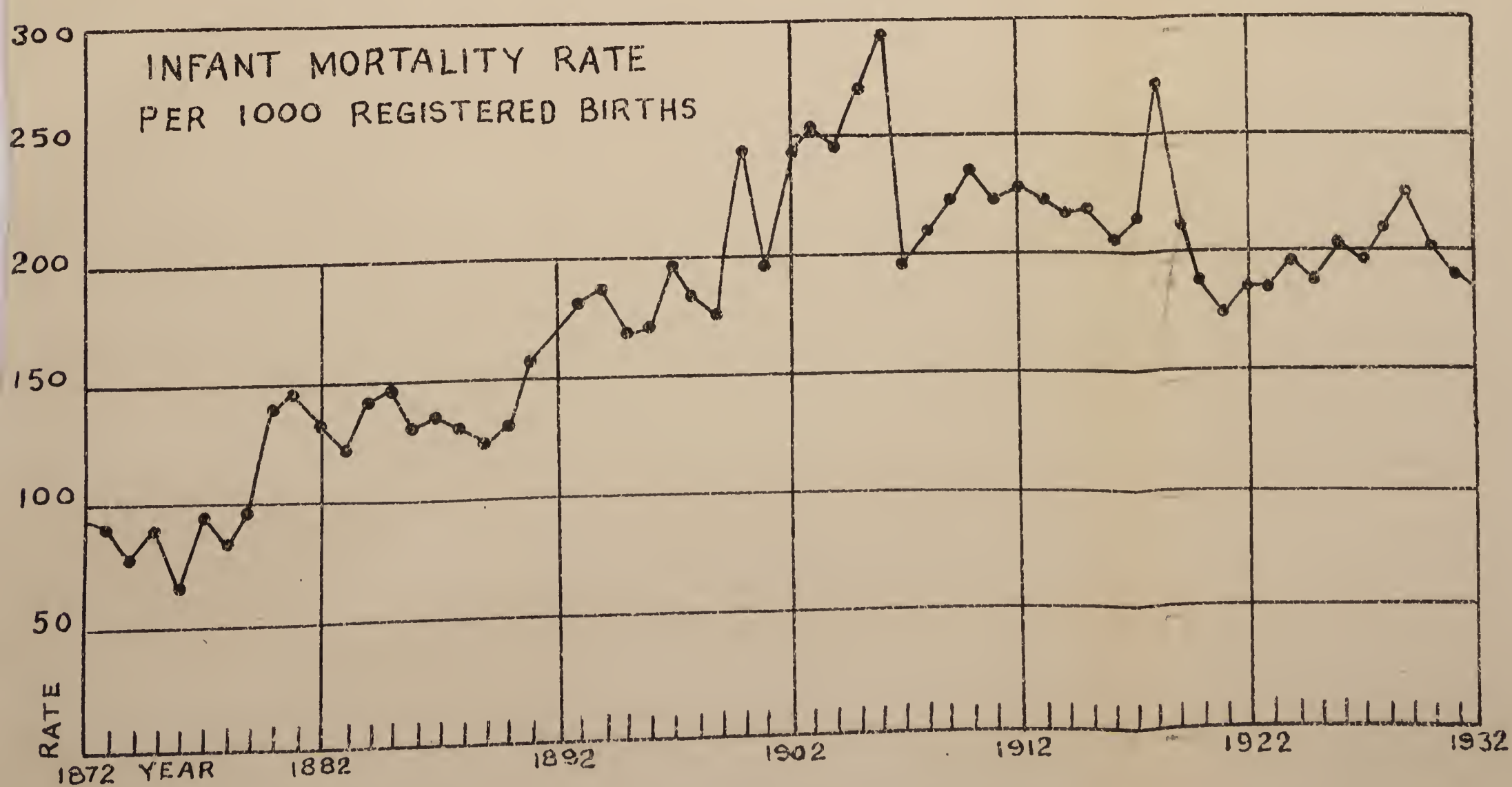
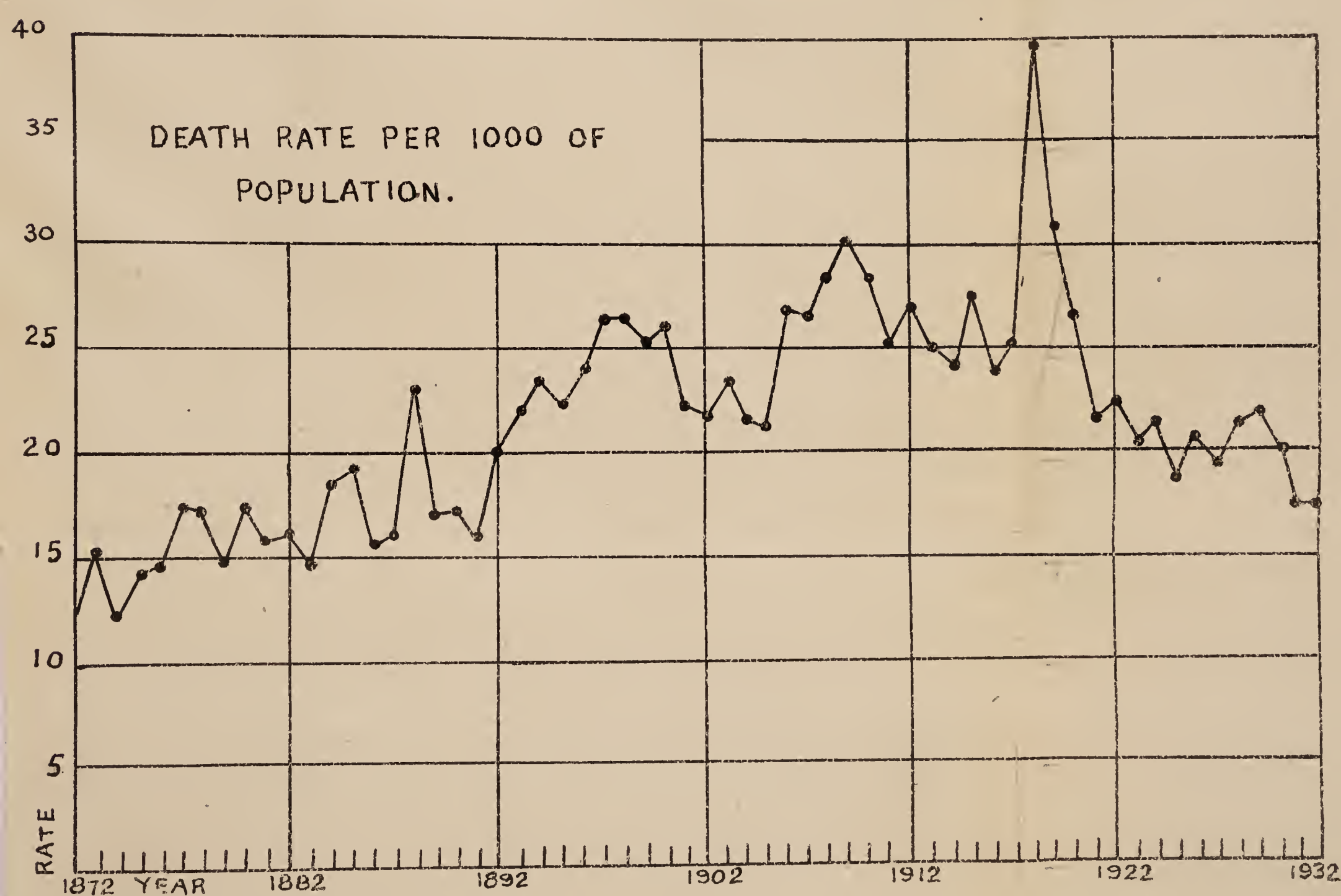
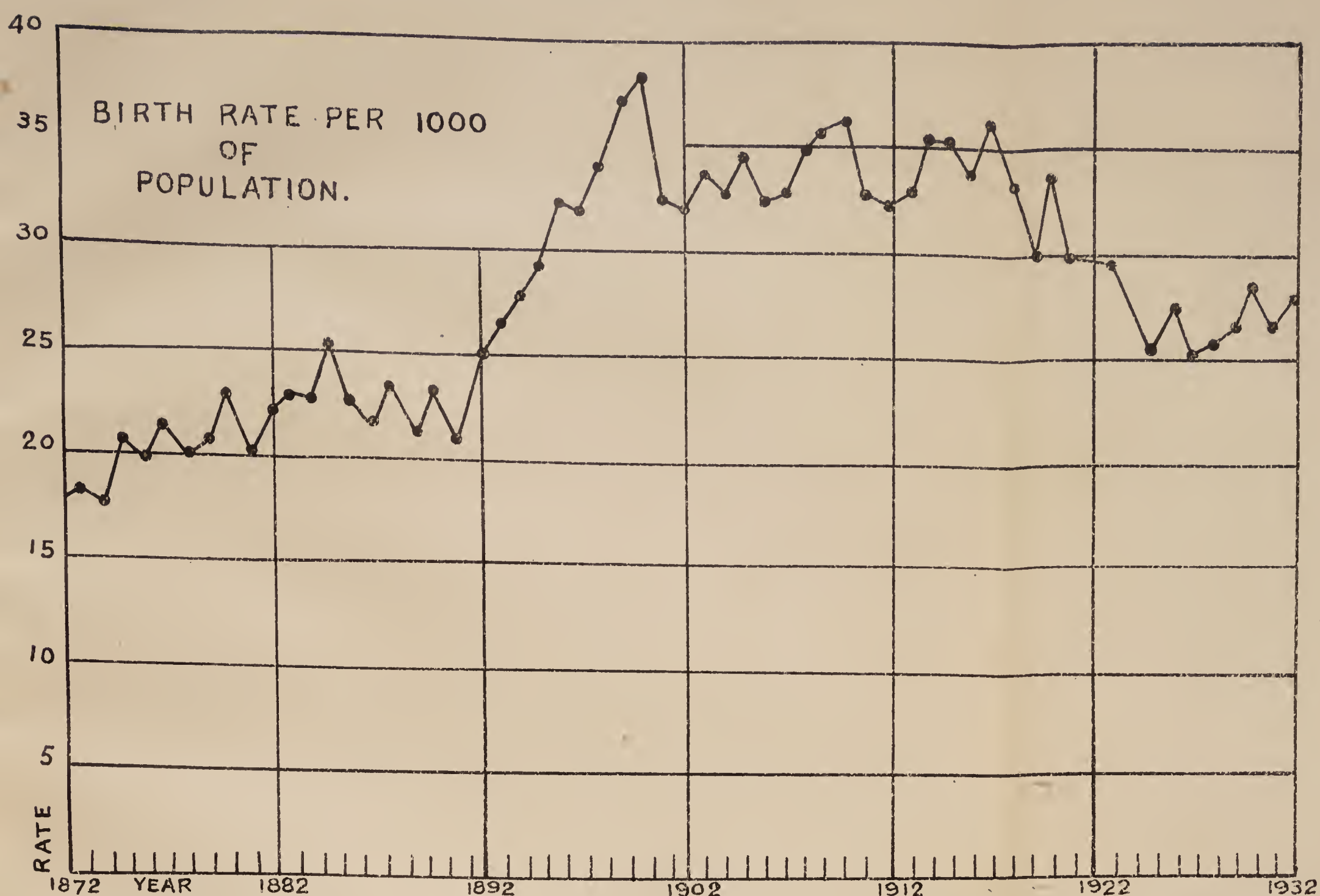
Districts of Burma during each month of the year 1932. (Paragraphs 18 and 27.)

5						6			7			8	9
July.	August.	September.	October.	November	December.	Total.			Ratio of deaths per 1,000 of population.			Mean ratio per 1,000 of previous five years.	No.
						Males.	Females.	Total.	Males.	Females.	Total.		
...	...	...	...	...	...	...	...	...	...	...	...	...	1
...	...	...	...	...	...	...	...	...	...	...	...	...	2
...	...	...	...	...	...	...	...	...	...	...	...	...	3
1	4	...	...	...	1	22	5	27	0·08	0·04	0·07	0·32	4
...	...	...	2	...	...	21	23	44	0·08	0·10	0·09	0·15	5
...	...	...	...	...	...	114	82	196	0·45	0·32	0·39	0·43	6
1	...	...	...	...	...	15	6	21	0·07	0·03	0·05	0·02	7
...	...	...	...	...	...	7	5	12	0·04	0·03	0·04	0·18	8
...	1	1	...	3	21	61	65	126	0·30	0·31	0·31	0·59	9
3	4	1	...	1	...	40	30	70	0·14	0·11	0·12	0·25	10
...	...	...	1	...	2	29	39	68	0·10	0·13	0·11	0·26	11
...	1	...	...	...	1	10	4	14	0·04	0·02	0·03	0·12	12
...	2	...	1	...	...	19	17	36	0·10	0·09	0·10	0·09	13
...	...	...	...	...	...	...	...	...	...	...	...	0·07	14
4	1	4	1	...	...	56	35	91	0·20	0·14	0·17	0·21	15
...	...	...	...	...	...	...	...	...	...	...	...	0·01	16
...	...	...	...	...	...	...	...	...	...	...	...	...	17
...	...	...	...	...	...	...	...	...	...	...	...	...	18
...	...	...	...	...	...	47	46	93	0·21	0·22	0·22	0·10	19
4	...	...	...	...	...	16	8	24	0·12	0·06	0·09	0·27	20
...	...	...	...	1	3	11	12	23	0·08	0·08	0·08	0·22	21
1	...	...	...	7	6	47	34	81	0·19	0·14	0·16	0·24	22
...	...	...	...	...	...	...	...	...	...	...	...	0·12	23
1	1	...	1	...	6	212	202	414	1·11	1·12	1·11	1·34	24
...	...	...	...	...	...	...	...	...	...	...	...	0·28	25
...	...	5	...	7	21	44	36	80	0·30	0·22	0·26	0·68	26
...	...	...	...	...	...	8	13	21	0·03	0·05	0·04	0·52	27
...	...	...	...	2	12	7	11	18	0·04	0·06	0·05	0·26	28
...	...	...	...	...	...	1	...	1	0·00	...	0·00	0·13	29
1	...	...	...	12	21	29	19	48	0·18	0·11	0·14	0·35	30
...	...	...	...	...	1	23	25	48	0·13	0·12	0·13	0·20	31
16	14	11	6	33	95	839	717	1,556	0·14	0·12	0·13	0·25	

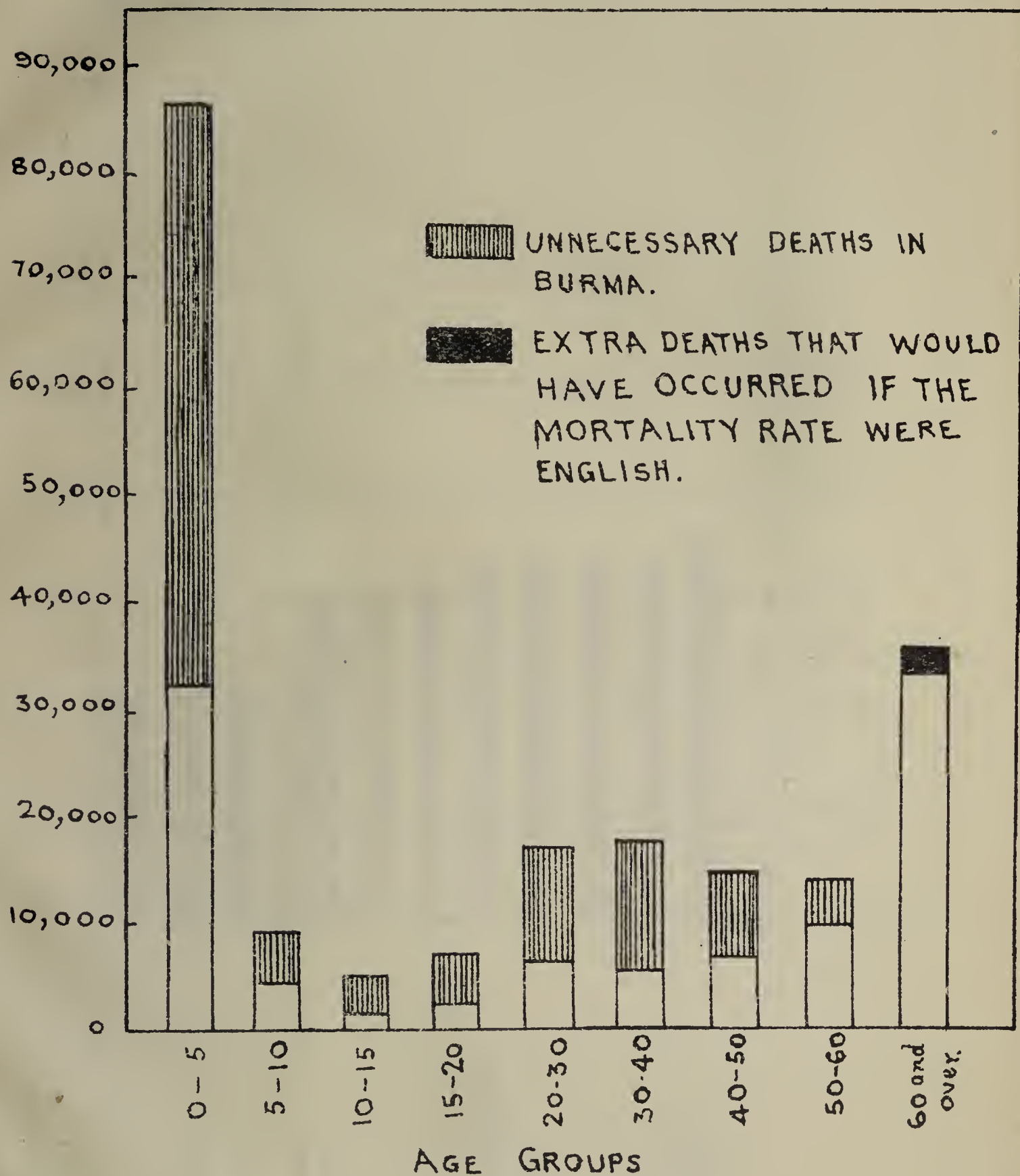
ANNUAL STATEMENT NO. VI (a) (Provincial), showing Births, Birth-rates and Infantile Mortality Statistics of Towns having a population of 10,000 or over for the year 1932.

1	2		3	4			5	6			7		
No.	Towns.	Popula- tion.	Births.			Birth- rate.	Deaths under one year.			Infantile mortality rate.			
			Male.	Female.	Total.		Male.	Female.	Total.	Male.	Female.	Total.	
1	Akyab ...	38,094	341	316	657	17·25	91	87	178	266·86	275·32	270·93	
2	Rangoon ...	400,415	4,642	4,346	8,988	22·45	1,437	1,131	2,568	309·56	260·24	285·71	
3	Pegu ...	21,626	439	412	851	39·35	112	68	180	255·13	165·05	211·52	
4	Letpadan ...	12,160	125	104	229	18·83	40	34	74	320·00	326·92	323·14	
5	Syriam ...	15,070	221	224	445	29·53	52	27	79	235·29	120·54	177·53	
6	Insein ...	20,487	187	160	347	16·94	61	39	100	326·20	243·75	288·18	
7	Prome ...	28,295	520	497	1,017	35·94	161	144	305	309·62	289·74	299·90	
8	Paungdè ...	13,479	278	237	515	38·21	87	59	146	312·95	248·95	283·50	
9	Bassein ...	45,662	746	700	1,446	31·67	193	141	334	258·71	201·43	230·98	
10	Henzada ...	28,542	416	377	793	27·78	126	99	225	302·88	262·60	283·73	
11	Pyapôn ...	12,338	116	128	244	19·78	21	31	52	181·03	242·19	213·11	
12	Kyaiklat ...	10,658	132	158	290	27·21	43	39	82	325·76	246·84	282·76	
13	Thatôn ...	16,851	279	314	593	35·19	60	49	109	215·05	156·05	183·81	
14	Moulmein ...	65,506	951	897	1,848	28·21	155	144	299	162·99	160·54	161·80	
15	Tavoy ...	29,018	462	405	867	29·88	72	49	121	155·84	120·99	139·56	
16	Mergui ...	20,405	377	385	762	37·34	79	58	137	209·55	150·65	179·79	
17	Toungoo ...	23,223	328	322	650	27·99	40	35	75	121·95	108·70	115·38	
18	Allanmyo ...	12,511	223	210	433	34·61	65	47	112	291·48	223·81	258·66	
19	Yenangyaung	11,098	237	202	439	39·56	86	67	153	362·86	331·68	348·52	
20	Chauk ...	12,830	133	126	259	20·19	56	39	95	421·05	309·52	366·80	
21	Pakôkku ...	23,115	419	441	860	37·21	148	136	284	353·22	308·39	330·23	
22	Mandalay ...	147,932	4,050	3,646	7,696	52·02	1,227	1,006	2,233	302·96	275·92	290·15	
23	Maymyo ...	21,335	393	401	794	37·22	89	63	152	226·46	157·11	191·44	
24	Myingyan ...	25,457	456	537	993	39·01	221	187	408	484·65	348·23	410·88	
25	Pyinmana ...	17,656	376	346	722	40·89	111	93	204	295·21	268·79	282·55	
26	Shwebo ...	11,286	323	327	650	57·59	100	107	207	309·60	327·22	318·46	
27	Sagaing ...	14,127	334	292	626	44·31	114	90	204	341·32	308·22	325·88	
28	Mônýwa ...	10,800	230	232	462	42·78	64	57	121	278·26	245·69	261·90	

I- BIRTH, DEATH & INFANT MORTALITY RATES

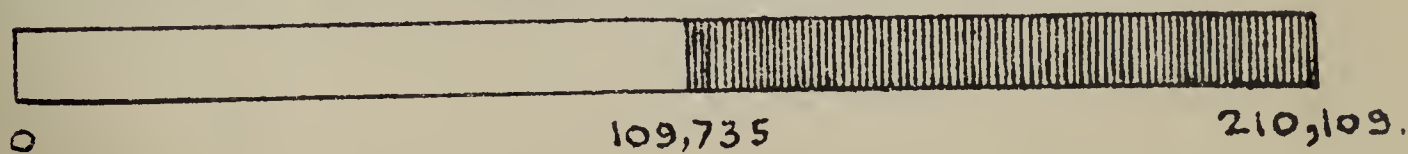


II- ACTUAL DEATHS (BY AGE-GROUPS) COMPARED WITH THE DEATHS THAT WOULD HAVE OCCURRED IN BURMA IN 1931 AT THE ENGLISH MORTALITY RATE.

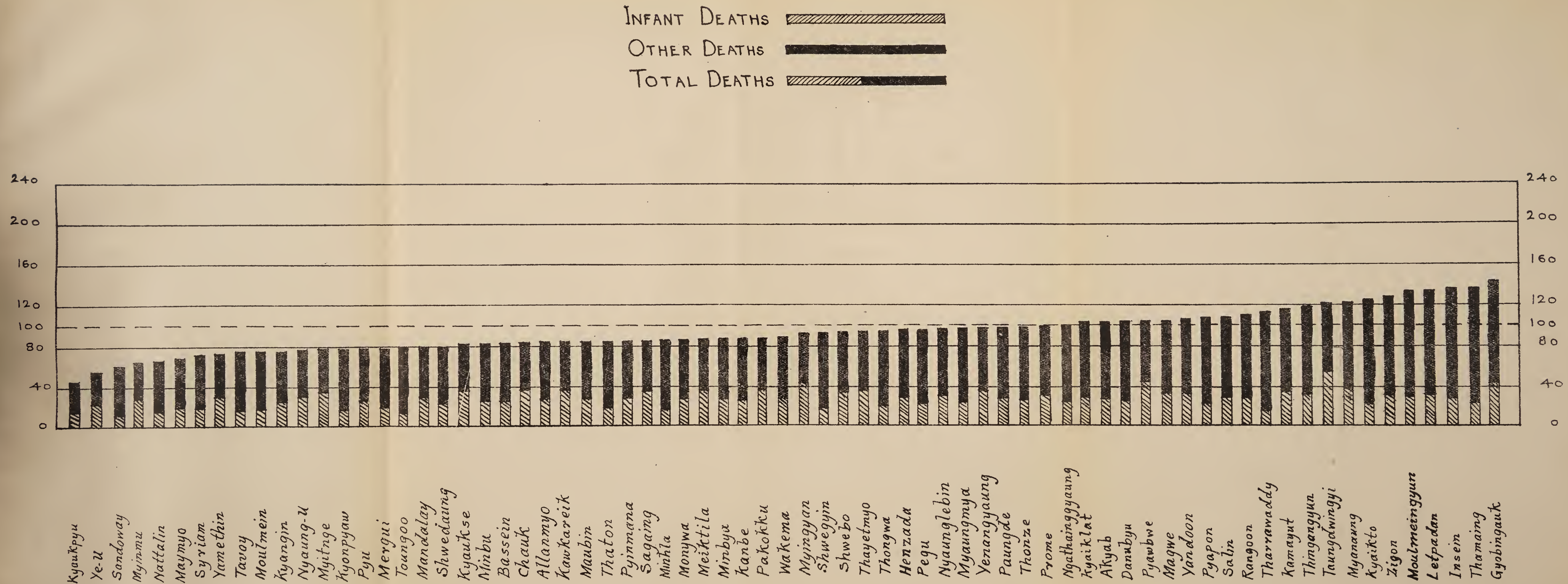


A similar comparison for all ages.

(Not on the same scale as above)

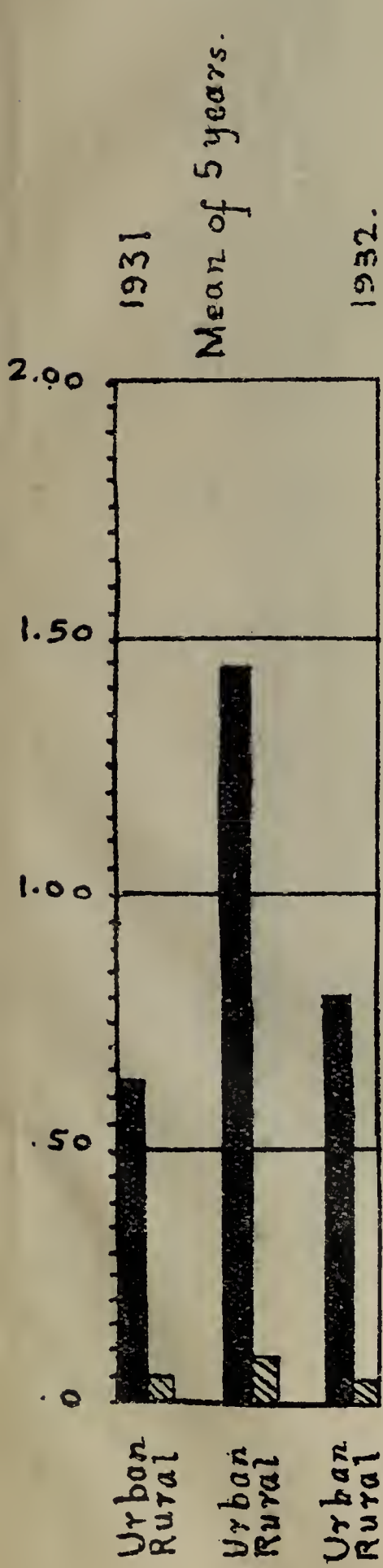


III - NUMBER OF DEATHS PER 100 BIRTHS IN TOWNS IN 1932.



IV- DEATH-RATE IN BURMA FROM

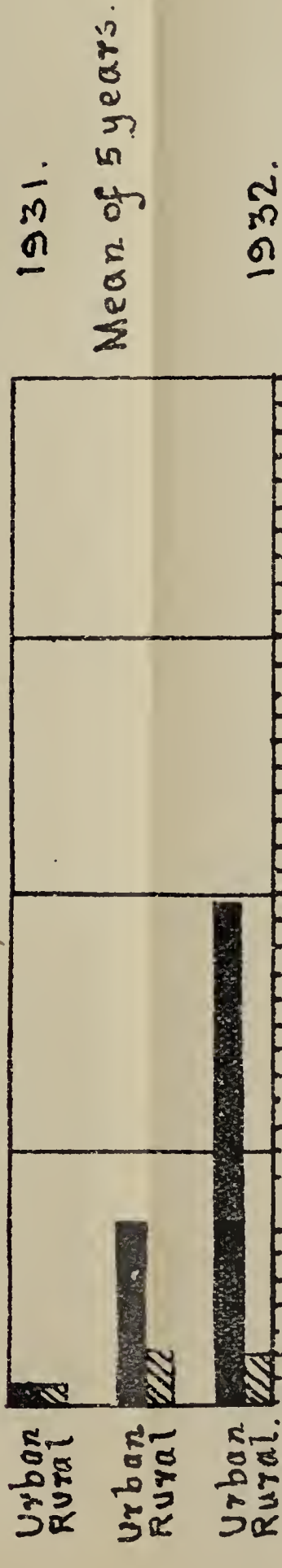
PLAGUE



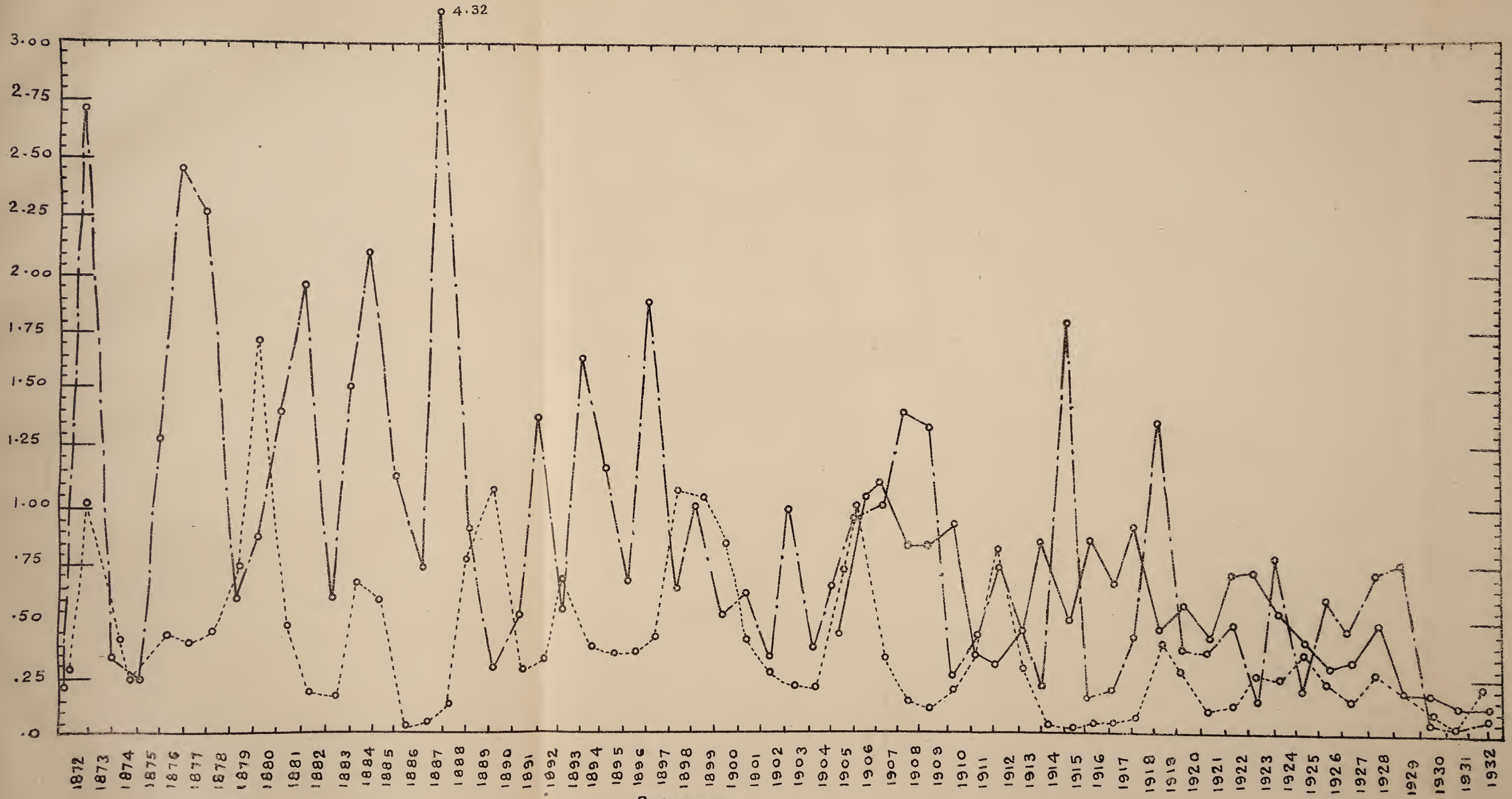
CHOLERA.



SMALL POX






V — DEATH RATES FROM NOTIFIABLE DISEASES IN BURMA

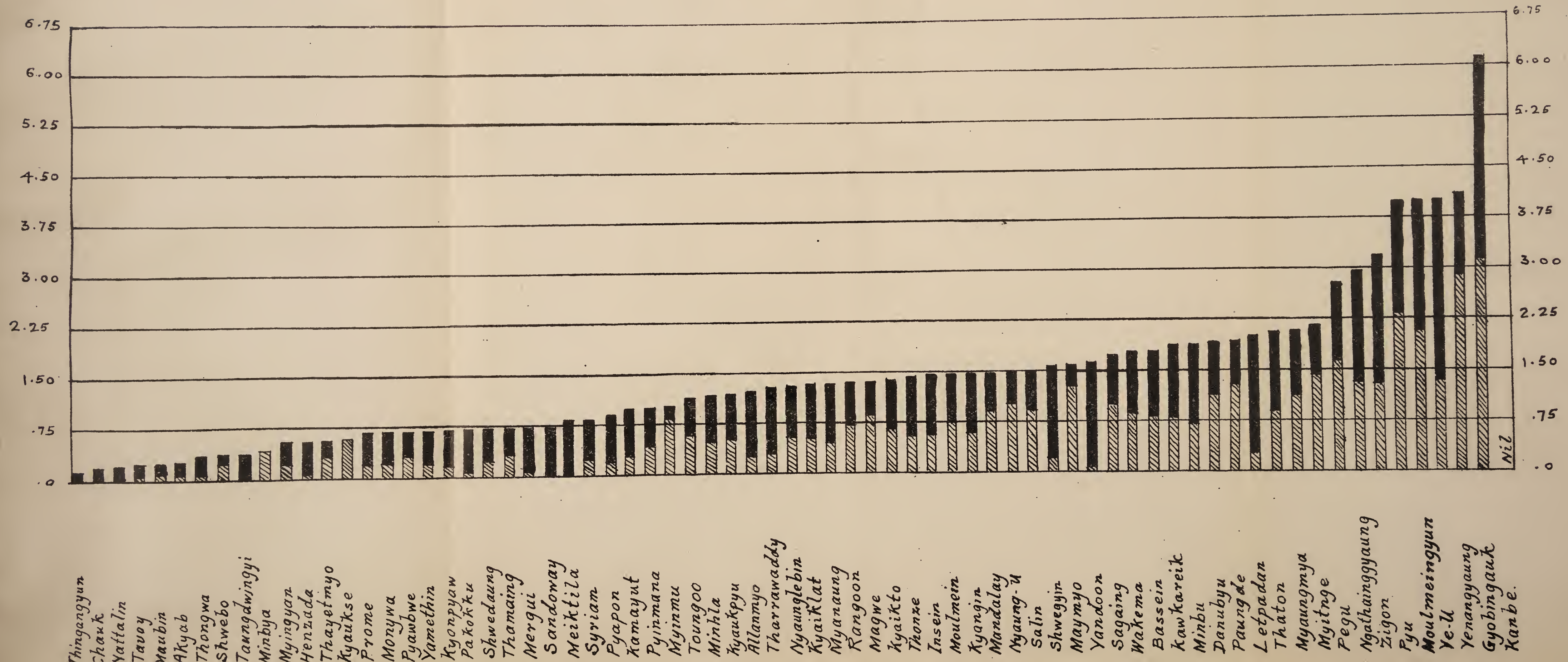


References.

Cholera death rate thus. — — — — —
 Small Pox " " " " — — — — —
 Plague " " " " — — — — —

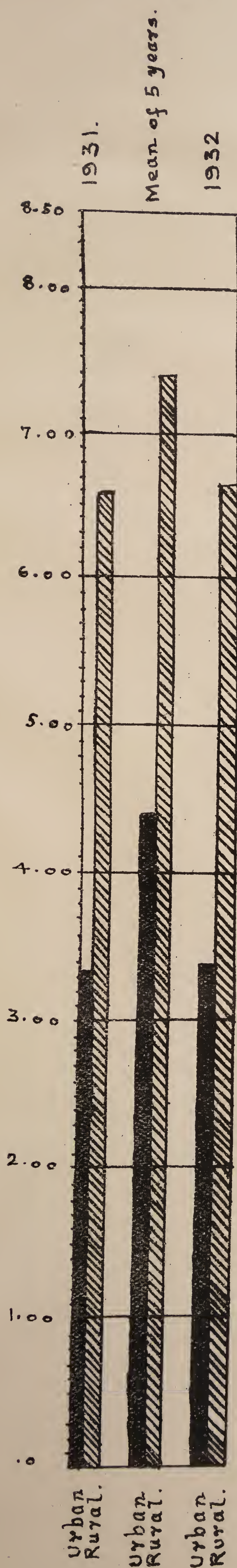
VI - DEATHS FROM DYSENTERY AND DIARRHOEA IN TOWNS DURING 1932.

DYSENTERY THUS 
 DIARRHOEA „ 
 TOTAL „ 

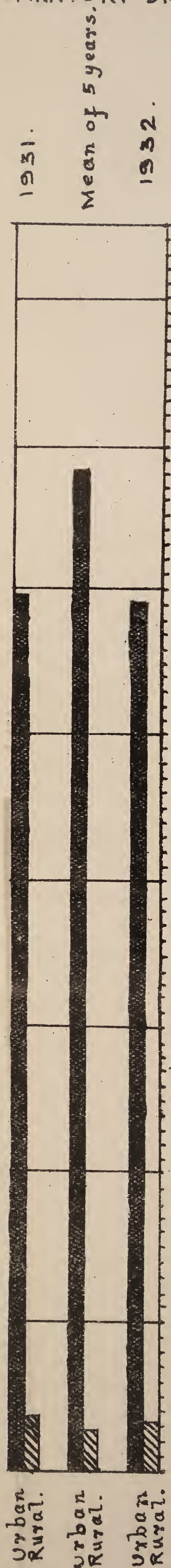


VII-DEATH-RATE IN BURMA FROM

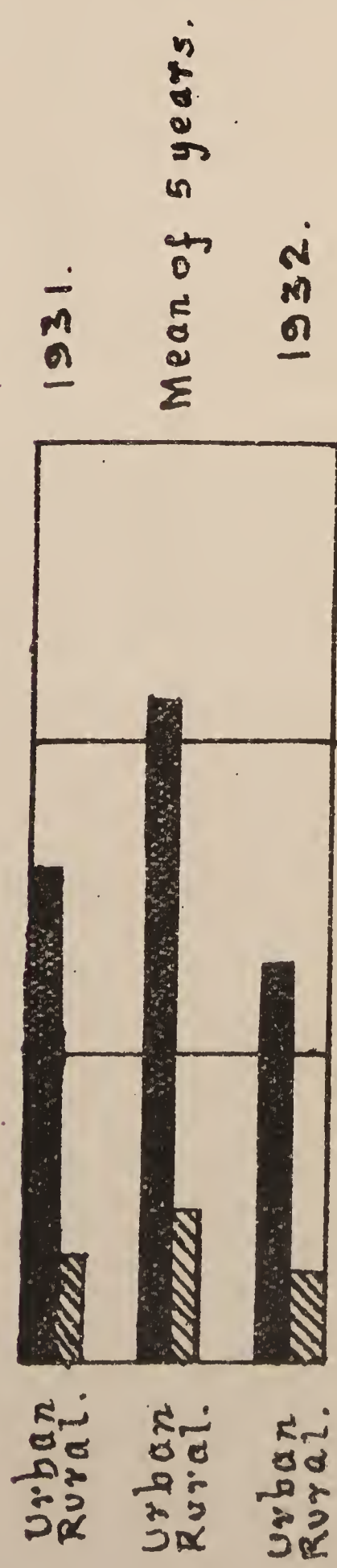
FEVERS.



RESPIRATORY DISEASES.



DYSENTERY & DIARRHOEA.





REGISTRATION MAP OF BURMA.

REFERENCES.

1. Regular Registration areas in clear.
2. Backward areas shaded.

